

"14 Day Evaluation Program" and purchase of seeBOOST at Key-Whitman Eye Center

In a single visit to the Key-Whitman Eye Center in North Dallas, you complete the special eye exam, get a demonstration, fitting and training of seeBOOST. At the end of this visit, you can go home with your own custom seeBOOST prescription glasses and start to use it in your own living space (14-days risk free trial).

Step #1: Telephone discussion with a seeBOOST representative

We speak with you to discuss your visual condition. The purpose of this conversation is twofold:

- For you: to answer your questions about how seeBOOST may help you with daily activities;
- For us: to ascertain if seeBOOST is a good fit for you and your expectations.

Step #2: Schedule a special eye exam at Key-Whitman Eye Center

Location: 11442 N. Central Expressway, Dallas, TX 75243. Phone (855) 600-7296

This is 2-hour exam consists of two back-to-back sessions:

- Eye exam (you pay Key-Whitman \$70 at time of service, or it may be covered by insurance)
- seeBOOST demonstration and training. If you like seeBOOST, you can elect to take your custom seeBOOST prescription glasses with you that same day at the end of the appointment. In that case, you fill-out the attached **seeBOOST 14 day Evaluation Order Form**. We will not charge any amounts to your credit card until you decide to keep seeBOOST within the 14 day Evaluation Period.

Step #3: We work with you by telephone to teach you how to use seeBOOST

Once you go home, we will then spend time on the phone with you to help you get acclimated to your new seeBOOST. We will need a well-sighted person (such as a family member, friend or caretaker) to be present during the initial few telephone training sessions. We will gladly spend as much time, and as many times as needed, on the phone. Our goal during the 14 day Evaluation Period is to get you to a stage where you are able to make an informed decision whether seeBOOST will indeed help you with at least one task in a way that is beneficial to you. These 14 days, however, will not make you an expert user. That will take more time.

Step #4A: Continued support beyond 14 day Evaluation Period

You decide to keep seeBOOST. Great, because now you embark on continued learning and benefiting in your daily life. First, we will charge the balance of your cost (\$3,500) on the credit card you gave us. Second, we will continue to provide you with telephone support as you desire. Third, the 12-month warranty and 24-month service plans kick-in (at no additional cost to you).

Step #4B: You decide to return seeBOOST

If you decide that you do not wish to keep seeBOOST, you inform us of your intent to return it by the end of the 14 day Evaluation Period, and return it (in good condition with all the accessories) using a pre-paid shipping label and original container. Of course, we regret that you were not able to gain tangible benefit from seeBOOST. We hope that you give us your constructive feedback so that we can continue to make improvements to our product and process, to help us help others like you who could benefit from their own seeBOOST.



Evergaze LLC
1878 Firman Drive
Richardson, TX 75081 USA

seeBOOST 14 Day Evaluation Order Form

Customer (named and signed below) agrees to evaluate seeBOOST for an Evaluation Period of up to 14 days from the date of Customer's receipt of seeBOOST. At any time during the 14 Day Evaluation Period, but no later than the expiry date, Customer either:

- a) **Returns** seeBOOST in good condition and all accessories to Evergaze (using provided packaging and pre-paid shipping label) and notifies Evergaze (972-643-8498 or sales@seeboost.com), or
- b) **Purchases** seeBOOST and pays the full invoice amount of \$3,500.00 by credit card. Evergaze will automatically charge the credit card listed below the amount of \$3,500.00 upon notification by Customer of their desire to purchase seeBOOST, but not later than the expiration of the 14 Day Evaluation Period unless notification of return is received by that time.

CUSTOMER INFORMATION

Name

Email

Phone number

Shipping address

Customer signature

Date of order

PAYMENT INFORMATION

(if you prefer to use a payment plan, please ask us about this)

Cardholder name (if different from Customer)

Cardholder address

Credit / debit card number

Expiration date

CVV/CID code

Cardholder signature (if different from Customer)

Please email this form to sales@seeboost.com or Fax at 972-637-7205