

Be the Leader  
of the Pack

## The Trials Are Back!

See for yourself, the PulStar™ and its computer-assisted Multiple Impulse Therapy is the winner, over any other adjusting instrument on the market today!

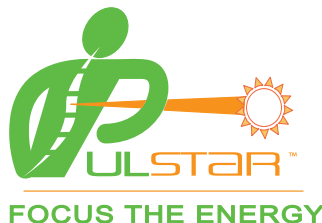


- PulStar™ and Multiple Impulse Therapy stand out ahead of all other instruments, in every way, from patient care to practice profits.
- Clinical studies show intra- and inter-examiner reliability and rapid patient response.
- You and your patients will see and—more importantly—feel the results of the PulStar's gentle yet highly effective treatment.

**Results-based.**

**Reliable.**

**Easy to learn and use!**



**Visit:**

[www.pulstar.us](http://www.pulstar.us)

**Phone:**

800.628.9416 or  
724.733.2277

**E-mail:**

[info@pulstar.us](mailto:info@pulstar.us)

*Call now to qualify for an in office trial. Trials limited to availability of current stock.*

*Be sure to ask for our trade show schedule.*

*Free DVD available.*

*Seminar and in house training available.*



## 15 DAY TRIAL PROGRAM APPLICATION

### Overview

Sense Technology, the creators of the PulStar™ has created a new Trial Program to take the guesswork out of your decision making process. If you would like to have a PulStar™ System in your practice, and have the slightest doubts regarding the success you will have, Sense Technology Inc. will back the sale of your PulStar with a 15 Day Trial Program. Doctors approved for this program may return the system within 3 Days after their 15 Day Trial Period if it has not met their expectations.

### Details of Program

- Customers must apply and be approved for this program
- Customer must apply for a lease and be approved, or place a \$5000.00 refundable deposit
- The customer's sales order must indicate their approval for this program
- Customer must pay in advance for the Shipping to their Facility (quote will be provided)
- Customer must pay in advance for the Training Class (\$300.00 Refundable upon purchase)
- The customer must agree to complete the following:
  - Allow all eligible patients to receive at least one free analysis on the PulStar
  - Place PulStar Information in the Front Lobby for Patients to read.

### Buyback Process

After approval, you have a 15 Day Trial Period with a PulStar Portable System. Then at the completion of the Trial you have three options to exercise within 3 days: 1) Keep the system and complete the lease paperwork or write a check for the system (Training Cost of \$300 will be refunded upon successful completion of training) 2) Trade the system in for a different version (price quote upon request, shipping and handling paid by Sense Tech) or 3) Return the system if it does not meet your expectations. If a return is requested, Sense Technology will arrange for the removal of the product from the customer's facility. If it is returned, appropriate payment for the amount of the freight to return the product will be collected via credit card when system is removed.

### Getting Started

- Please complete this application and fax with your sales order to 724-733-1531

Dr's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 15 DAY TRIAL PROGRAM

Please complete and return via fax to 724-733-1531

Type of practice (specialty): \_\_\_\_\_

Average number of patients per day: \_\_\_\_\_ week: \_\_\_\_\_

Average number of office hours per week: \_\_\_\_\_

Size of office (sq. ft): \_\_\_\_\_ Number of practitioners on staff: \_\_\_\_\_

Commonly treated conditions: \_\_\_\_\_

\_\_\_\_\_

Currently using other modalities? Y / N If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Billing insurance? Y / N If yes, what carriers: \_\_\_\_\_

\_\_\_\_\_

Estimated % of patients that are candidates for PulStar treatments: \_\_\_\_\_

How will you incorporate the PulStar in your practice? Please be specific regarding what types of patients/conditions you will treat with the PulStar, if you will use it as a stand-alone form of therapy or an adjunct to another type of therapy, how you will market the PulStar, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I have read and understand the details of the 15 Day Trial Program, and following installation of my PulStar System, I will implement the system per the protocol published and taught by Sense Technology Inc. and its designated representatives. I understand that completing this application does not guarantee my approval for this program. If I elect to return the system, I understand that Sense Tech Inc will arrange for pick up and return the product to the factory and that the freight charges to both deliver and return the product plus the training costs are not refundable.

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_



FOCUS THE ENERGY

4241 William Penn HWY Murrysville, PA 15668 Ph. 800-628-9416 Fax 724-733-1531

COMPLETE LEGAL COMPANY NAME				DBA NAME			
STREET ADDRESS			CITY			STATE	ZIP
COUNTY	BUSINESS PHONE #		BUSINESS FAX#		CELLULAR #		
NATURE OF BUSINESS				<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> L.L.C. <input type="checkbox"/> OTHER			
FEDERAL ID#	STATE/UBI #	DATE STARTED OR DATE INCORPORATED	YEARS UNDER CURRENT OWNERSHIP YEARS	EMAIL ADDRESS		WEB SITE ADDRESS	

**OFFICERS/OWNERS/PARTNER INFORMATION**

NAME #1			NAME #2			NAME #3		
TITLE		%OWNED	TITLE		%OWNED	TITLE		%OWNED
SSN			SSN			SSN		
HOME PHONE #			HOME PHONE #			HOME PHONE #		
STREET			STREET			STREET		
CITY	ST	ZIP	CITY	ST	ZIP	CITY	ST	ZIP

**BUSINESS CHECKING ACCOUNT REFERENCES**

BANK NAME	ACCOUNT NUMBER	CONTACT PERSON	BANK PHONE NUMBER
-----------	----------------	----------------	-------------------

**OTHER LEASE COMPANY OR LOAN REFERENCE**

COMPANY NAME	ACCOUNT NUMBER	CONTACT PERSON	PHONE NUMBER
--------------	----------------	----------------	--------------

**BUSINESS TRADE ACCOUNT REFERENCES**

COMPANY NAME	PHONE #	ACCOUNT #	CONTACT

**DESCRIPTION OF EQUIPMENT TO BE LEASED**

DESCRIPTION	QUANTITY	MODEL #	NEW <input type="checkbox"/>	USED <input type="checkbox"/>
	EQUIPMENT COST \$		LEASE TERM REQUESTED	
<input type="checkbox"/> VENDOR/DEALER SALE <input type="checkbox"/> PRIVATE PARTY SALE <input type="checkbox"/> LINE OF CREDIT <input type="checkbox"/> OTHER				
EQUIPMENT LOCATION ADDRESS				
IF OTHER THAN BUSINESS ADDRESS				

**VENDOR/SUPPLIER OF EQUIPMENT INFORMATION**

VENDOR/SUPPLIER NAME Sense Technology Inc.	CONTACT PERSON	PHONE # 800-628-9416
VENDOR ADDRESS 4241 William Penn Hwy Murrysville, PA 15668		

**INSURANCE COMPANY INFORMATION**

AGENCY NAME	AGENT/CONTACT PERSON	PHONE #
ADDRESS:		POLICY #

The undersigned is/are willing to serve as guarantor of the above transaction. The undersigned authorize(s) Pinnacle Business Finance, Inc. and its nominees to obtain, and all parties to release, credit and financial information (personal or business) requested by Pinnacle Finance, Inc. or its nominees and for such parties to provide information to others regarding their relations with the undersigned. I/we completed this application to obtain credit with the applicant and certifies that all statements contained herein are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_