



# TEXAS ASSISTIVE DEVICES, LLC

## DEMO KIT LOANER FORM

### REQUIRED INFORMATION

TODAY'S DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

PHONE No.: \_\_\_\_\_

Practitioner's Name: \_\_\_\_\_

Fax No.: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

**DATE NEEDED:** \_\_\_\_\_

**DATE TO RETURN:** \_\_\_\_\_

### LOANERS REQUESTED

PART NO. AND DESCRIPTION

QTY

<u>PART NO. AND DESCRIPTION</u>	<u>QTY</u>
<b>NOTE: PLEASE ORDER IN TIME FOR US TO SHIP GROUND</b>	

### AGREEMENT

I ACCEPT FULL RESPONSIBILITY FOR THE LOSS OR DAMAGE OF ANY EQUIPMENT LOANED TO ME DURING THE PERIOD STATED ABOVE. I UNDERSTAND THAT THE SUM OF \$ 25.00 PER DAY WILL BE PAID BY MY COMPANY FOR EVERY DAY THE LOANED EQUIPMENT IS OUT PAST THE SPECIFIED TIME STATED ABOVE. (UNLESS REARRANGEMENTS ARE MADE WITH A REPRESENTATIVE OF TEXAS ASSISTIVE DEVICES, LLC)

**THIS AGREEMENT MUST BE SIGNED AND FAXED BACK TO 979-798-0414 BEFORE SHIPPING**

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**PLEASE RETURN ALL EQUIPMENT TO THE ADDRESS BELOW VIA UPS**  
Texas Assistive Devices, LLC, 9483 County Road 628, Brazoria, TX 77422 USA  
**979.798.1185 1.800.532.6840**