



5305 NW 35th Terrace
Ft. Lauderdale, FL 33309
Telephone (954) 733-0533 • 800-875-9028
Fax # (954) 733-9908

**7510-S3
LOANER AGREEMENT**

Date ____ / ____ / ____

Facility Name: _____

Contact Name: _____ Department: _____

Telephone # (____) _____ Ext. _____

Shipping Address: _____

Billing Address: _____

<u>Loaner Unit(s) Request</u>	<u>Quantity</u>	<u>PPM</u>
Alarm	1 2	20 50
Annunciator	1 2	

Purchase Order # _____

We ship UPS Ground, If you need unit ASAP

Please indicate Next Day Second Day

**** Charges will be billed****

I hereby understand that within 30 days of receipt of repaired alarm or annunciator the loaner unit(s) will be returned to Kem Medical Products.
Failure to return the loaner unit(s) will result in the customer being invoiced using purchase order number given for the full list price of the unit(s).

Authorized Signature: _____ Date: ____ / ____ / ____

Please return completed form with signature & PO# to FAX# (954) 733-9908