

## TEMPORARY REPLACEMENT LOANER EQUIPMENT AGREEMENT

Tech Name: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Client Address: \_\_\_\_\_

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### Description of Client owned chair:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ HCPCS: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

### Description of loaner chair:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ SN: \_\_\_\_\_

### Description of loaner part(s) if applicable:

HCPCS: \_\_\_\_\_ Description: \_\_\_\_\_

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HCPCS: \_\_\_\_\_ Description: \_\_\_\_\_

### Short reason for why loaner is needed (Why repair took longer than a day):

\_\_\_\_\_

National Seating & Mobility is happy to provide you with loaner equipment while your equipment is being repaired. At the time this equipment was received by you, it was in good working condition and free of damages. **You are responsible for all damages caused by misuse, neglect, loss or theft.** Should any damages occur to the equipment even if cause is unknown, you will be held liable for the cost of repair or replacement.

Should any normal wear and tear cause the equipment to become unstable, please notify National Seating & Mobility immediately and we will repair the equipment or provide you with a replacement loaner.

I have read and understand the above terms for use of National Seating & Mobility's loaner equipment. I agree to accept financial responsibility for any damages inflicted on the equipment while in my care. I have inspected the equipment and agree it is in good working condition. **I have been instructed on the safety and proper use of the equipment.**

Client name: (please print): \_\_\_\_\_

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized representative: (please print): \_\_\_\_\_

Authorized representative signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_