



## Loaner Acceptance Agreement

Account \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State, Zip \_\_\_\_\_

Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Date \_\_\_\_\_

*This is a 12 month Loaner Agreement  
This agreement will apply to all scopes loaned by FiberTech Medical within this 1 year timeframe.*

FiberTech Medical U.S.A. agrees to supply loaner equipment to your facility and will charge \$95.00 to cover round trip shipping per loaner. All equipment must be returned to FiberTech Medical U.S.A. in the same condition it was lent. Your facility is responsible for any and all damages incurred to the equipment during this time. All equipment must be properly cleaned and disinfected before being returned.

If loaner equipment is not returned within 3 business days of receiving your repaired equipment we will consider the loaner on lease, at a charge of \$150.00 per day.

**I understand that our facility is responsible for the equipment while it is in our possession and will be liable for any repairs needed if equipment is returned damaged.**

***Please sign agreement and fax to FiberTech Medical at 410-877-7210.***

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_