Adaptive Switch Laboratories
P.O. BOX 636
125 Spur 191 Suite C
Spicewood, TX 78669
(830) 798-0005 Fax:(830) 798-6221

Equipment Loan Agreement

RA No.: 47309

PO #:

***Please Enter PO#**

Contact Name:

Company Name:

Company Billing Address:

Company Shipping Address:

Phone Number: Fax Number:

In order to receive ASL loaner equipment for client evaluations, a valid PO is required. This loan period is 20 days from date ASL equipment is received by the company requesting the loaner equipment. The shipping record is the sole proof as to the date ASL loaner is received by the requesting party.

In the event more time is needed to complete the evaluation, an extension of additional time may be granted. Prior approval is necessary from ASL for an extension. The request for an extension must be requested within the original 20 day loaner period (NO EXCEPTIONS).

If equipment is not returned to ASL within the specified time frame, the above stated company will be billed for the total cost of the equipment using the PO# stated above.
The shipping record is the sole proof as to the date the ASL loaner equipment is returned to ASL.

Failure to comply with the terms of this agreement will impact the ability of above stated company to receive ASL loaner equipment in the future.

I understand and agree to the terms stated above.

Signature Date e-Mail Address

LOAN EQUIPMENT	SPECIAL INSTRUCTIONS
Type of Chair And Electronics	