



Evaluation/Loaner Request form and Terms of Agreement (5.17)

Monroe Speech Designs has developed an Evaluation/Loan program to allow clinicians and individuals to become familiar with products and software before purchase. This period can be used to familiarize and train staff with updated technology and/or to assess current client(s) for device placement.

LOANER EQUIPMENT

1. Products will be made available for evaluation as they are available and all attempts will be made to provide equipment in a timely manner.
2. Equipment is available for evaluation dependent upon funding requirements and the needs of clinical assessment. If equipment is not returned at the end of the evaluation period, it will be assumed that additional rental is desired. You will be billed at current rental rates. In some instances, non-return of equipment may also result in ineligibility to participate in the Evaluation/Loan Program in the future. Please contact Monroe Speech Designs immediately if you desire to maintain equipment longer than originally agreed
3. A signed Evaluation/Loan Agreement is required and a method of payment security must be listed prior to shipment. Payment security can be in the form of a Purchase Order or Visa or MasterCard credit card. Charges will only be incurred for damage, non-return, or in the event of direct purchase.
4. Use the enclosed UPS label to return the device to Monroe Speech Designs by the return due date listed on the packing slip.
5. Damage, loss, or theft of an evaluation unit is the responsibility of the customer.

LOANER TERM (select one)

<input type="checkbox"/> 14 Days – Private Insurance	<input type="checkbox"/> 14 Days - Medicare	<input type="checkbox"/> 30 Days - Medicaid	<input type="checkbox"/> Other
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BILLING/SHIPPING ADDRESS

The equipment will be shipped and picked up at this address. If payment security comes from another source, please attach a copy of a Purchase Order or list the same information for the second source on the back of the contract.

Facility Name:	Contact:		
Address:	Email (required):		
City:	State:	Zip:	
Phone:	Fax:		
Requested Start Date:	Return Date:		

Monroe Speech Designs, a Monroe Wheelchair, Inc company
 2165 Brighton Henrietta TL Rd - Rochester, NY 14623
 Phone (888) 546-8595 Fax (585) 219 6246
www.monroespeech.com



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METHOD OF SECURITY (Required) Please indicate the method of security. Remember charges only occur for non-return, damage, or per your instructions.

CC# _____ Exp. Date _____ Security Code _____

Purchase Order # _____ Other _____

TERMS OF AGREEMENT

Below signature indicates that you understand and agree to terms of this policy. If an individual signs on behalf of a facility, the facility must agree to assume responsibility for the equipment should the individual and facility part company.

1. I understand this equipment is on a trial basis and must be received back by Monroe Speech Designs on or before the due date on the packing slip
2. My signature implies authorization for Monroe Speech Designs to charge my credit card or purchase order in the event that I fail to return the equipment.
3. I understand that I am responsible for any repair or replacement costs incurred due to abuse, negligence, loss or theft.
4. I intend this to be legally binding whether transmitted by mail or facsimile.

Signature of Person Assuming Financial Responsibility for Equipment:

Printed Name

Contact Email

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