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KD2 Pro Loaner Agreement Form

Terms: Decagon Devices, Inc. agrees to loan a factory-owned instrument to the person/company listed on this form.

Return: The instrument should be returned within five (5) working days from receipt of your serviced instrument.

Location: The loaner must remain at the address provided below unless other arrangements have been made in writing. Sending the instrument elsewhere will result in charges being collected for the full retail price of the instrument.

Late Charges: After the 5 day grace period, rental fees will be charged and invoiced to you monthly until the loaner instrument is delivered to Decagon. Total invoiced amount shall not exceed the current retail price for the instrument.

Shipping Charges: Decagon pays to ship the loaner instrument to the customer via 2nd day shipping at the address below. The user is responsible for shipping charges to return the instrument. For expedited shipping, requestor may provide a shipping account number (no DHL) or the charges will be added to the service invoice.

Loss or Damages: If the instrument is damaged or lost (beyond normal wear and tear), Decagon retains the right to require the user to pay for repairs required to return the instrument to a state of good working order, or replace the item with like equipment.

Liability and Indemnity: Liability for injury, disability, and/or death of employees and other persons caused by operating, handling, or transporting the instrument during the term of this agreement is the obligation of the user, and the user and/or his/her company shall indemnify and hold Decagon harmless from and against all such liability.

Contact Name	<input style="width: 95%;" type="text"/>	Title	<input style="width: 95%;" type="text"/>	
Contact email	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>	
Company	<input style="width: 95%;" type="text"/>	Fax	<input style="width: 95%;" type="text"/>	
Shipping Address	<input style="width: 95%; height: 100%;" type="text"/>	Shipping Priority	<input type="checkbox"/> 2 nd Day (Standard)	
			<input type="checkbox"/> Standard Overnight (customer expense)	
			Shipping Acct# (For overnight service)	<input type="checkbox"/> Priority Overnight (customer expense)
			<input style="width: 95%;" type="text"/>	

I understand and consent to abide by the conditions in this agreement.

Signature _____ Date _____

This form can be completed and signed electronically to be returned via email.

Decagon SN _____
 Use Only _____