

9 Kidder Rd Unit D Chelmsford, MA. 01824 P.H. # (800) 597-2296 fax (978) 455-0177 info@nemedrepair.com

**Contact Person** 

			Date	
			Name	
			P.H.#	
			Email	
Loaner Ed	quipment D		ment Request	Form
	уре	Manufacturer	Model	Serial # / Asset #
Comment				
Accessorie	s included			
QTY.		Description		Comment
customer ag for the equi <sub>l</sub> original equ Medrepair t to package	quipment has grees to the forment while will be suited by the customer the equipment that the equipment the equipment that the	ollowing terms and condit in their possession and to ufacturer (OEM). Upon con agrees to return the equip	ions. The customer agrees operate and maintain the operate and maintain the operate or upor oment and all accessories we so to safely ship the equipm	epair of their equipment and the to accept full and sole responsibility equipment as specified by the the request of New England within 10 days. The customer agrees ent. If the equipment is not returned equipment.
The listed ed customer ag for the equi original equ Medrepair t to package	quipment has grees to the forment while will be suited by the customer the equipment that the equipment the equipment that the	ollowing terms and condit. in their possession and to o Ifacturer (OEM). Upon con agrees to return the equip nt in appropriate materials	ions. The customer agrees operate and maintain the operate and maintain the operation of repairs or upor oment and all accessories was to safely ship the equipmall replacement cost of the	to accept full and sole responsibility equipment as specified by the the request of New England within 10 days. The customer agrees ent. If the equipment is not returned