



# EyeTech TM3: LOAN REQUEST FORM

Contact Name:	
Contact Phone:	
Contact Address:	

**If different from above:**

Delivery Name:	
Delivery Phone:	
Delivery Address:	

**If different:**

Invoice Name:	
Invoice Phone:	
Invoice Address:	

**Costs:**

1 week loan	Carriage costs only, £35.00 ( <i>non refundable</i> )
2 week loan	£200 plus £35.00 carriage ( <i>£200 refundable as discount on purchase price when order received within 3 months of end of loan period</i> )

**Preferred (or agreed) loan dates:** .....

**Authorisation:**

**Loan period:** 1 week / 2 weeks \*      **Loan Cost:** £35.00 / £235.00 \*  
 \* delete as appropriate

I agree to the above costs and accept responsibility for the loan equipment during the loan period and confirm that it will be kept in a safe place at all times. The equipment will be returned to Techcess at the agreed time in clean condition and undamaged. If the equipment is lost, stolen or damaged whilst in our care we will pay costs incurred in replacement or repair.

**Name (please print):** ..... **Date:** .....

**Signature:** .....

**This form should returned to Techcess by fax on 01476 512882, or by post to:  
 Techcess Communications Ltd, Springfield House, Springfield Business Park, Springfield Road, Grantham,  
 Lincs. NG31 7BG.**

***The loan equipment will be delivered from Techcess in a secure box. This box and packaging should be retained and the loan equipment securely re-boxed for return.***