



CUSTOMER AGREEMENT - LOANED EQUIPMENT

This Agreement, by and between _____ (Customer), as accepted by its authorized representative _____, and DentiMax, Inc. sets forth the terms whereby DentiMax, Inc. will loan equipment items to the Customer during evaluation and warranty replacement periods.

Subject to approval, Customer may select items from the list below which establishes the value placed on each item.

<u>Item</u>	<u>Serial Number (To Be Assigned)</u>	<u>Value</u>	<u>Customer Initials</u>
Size 1 Digital Sensor	_____	\$5,999	_____
Size 2 Digital Sensor	_____	\$6,999	_____

If Customer is not enrolled in the Dream Sensor Care Package program, there is a fee of \$300 each time the Loaned Equipment program is used. Alternatively, the Dream Sensor Care Package includes access to the loaner program, among many other benefits, at a cost of \$49 per month or \$500 per year. Standard shipping is \$30 which includes a label for returning the loaned equipment.

Customer agrees to be responsible for the item in their care and to ensure it is not damaged, lost or stolen. Upon receipt of the Customer-owned item, Customer will return the DentiMax-owned item to DentiMax, Inc. Items to be returned must be packaged to ensure their safety and sent via UPS, FEDEX, or a carrier approved by DentiMax, Inc. Customer is responsible for all applicable shipping and insurance cost for the return. Following receipt, DentiMax, Inc. will test the item to ensure it is in good working condition and fit for loan to other customers.

In the event Customer does not return the item within 90 days, or it is damaged, lost, or stolen, Customer agrees that DentiMax, Inc. will charge the appropriate value to the credit card listed below. This Agreement is binding for both the Customer and DentiMax, LLC and becomes effective on the date. DentiMax, Inc. accepts the Agreement.

This Agreement contains the full understanding of the parties and shall not be waived, modified, or altered without the written authorization of both parties. No course of conduct, action, or inaction on the part of DentiMax, Inc. shall be deemed to be a waiver of any DentiMax rights under this Agreement. This Agreement shall be interpreted according to the laws of the State of Arizona.

Customer Name: _____ **Account #:** _____

Authorized Customer Signature: _____ **Date:** ___/___/___

Printed Name: _____

Credit Card Name: _____ **Credit Card Number:** _____

Billing Address - Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Acceptance by DentiMax, Inc.: _____ **Date:** ___/___/___