



## CUSTOMER AGREEMENT – LOANED EQUIPMENT

This Agreement, by and between \_\_\_\_\_ (Customer), as accepted by its authorized representative \_\_\_\_\_, and DentiMax, Inc. (DentiMax) 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	_____	\$2,999	_____
Size 2 Digital Sensor	_____	\$3,999	_____

Customer agrees to be responsible for the item in their care and to ensure it is not damaged, lost or stolen. Upon return of the Customer-owned item, Customer will return the DentiMax-owned item to DentiMax. Items to be returned must be packaged to ensure their safety and sent via United Parcel Service using the return shipping label provided by DentiMax. Following receipt, DentiMax 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 14 days of the date return is requested, DentiMax will charge the customer's credit card at the rate of \$10 per day until the return shipping is documented by United Parcel Service. If the item is not returned within 90 days, DentiMax will charge the customer's card for the appropriate value identified above, less any daily fees previously charged. If the item is damaged, lost, or stolen, Customer agrees that DentiMax will charge the appropriate value to the credit card listed below. This Agreement is binding for both the Customer and DentiMax and becomes effective on the date DentiMax 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 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: \_\_\_\_\_ Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acceptance by DentiMax, Inc.: \_\_\_\_\_ Date: \_\_\_\_\_