



Equipment Demonstrator Agreement

Please make sure to obtain signatures and make a copy for yourself and your customer. This is an agreement documenting the equipment and terms for your records.

Details of organization / Individual borrowing the device

This is the person responsible for the device when it is on Demo.

Organization _____

First & Last Name _____

Customer No. _____

Bill To Address _____

City _____

State _____ ZIP _____ - _____

Ship to Address _____

City _____

State _____ ZIP _____ - _____

Email _____

Phone (xxx-xxx-xxxx) (____) _____ - _____

Sales Order # _____

Equipment and Accessories:

Build Model _____

Carriage Serial Number _____

Build Items W/ Part Numbers: _____

Total Equipment Value \$ _____

DUE DATE: _____



1. I (the customer) understand this equipment is a Demo purchase and I will have full responsibility for the product once received. Make sure to inspect the product at delivery and follow freight instructions.
2. The payment for this demo is not due till 1 year from the signed date.
3. You may receive credit back to lower cost or to pay off Demo on or before 12-month period based on the below formulas
 - E603 Aviator – For each E603 build you purchase Merits will deduct 10% of the cost from your demo unit. This rebate can be applied for a total of 10 times, in which case the demo would be fully reimbursed to you. This rebate has a term of 1 year from the delivery date of your demo at which point the balance would be due. If you purchase 10 units within the year the demo will be paid in full. Purchasing less than 10 builds within the term the balance for the demo will be due minus any credits received within the year.
 - E604 Navigator – NO Demo options currently.
4. E603 Demo & Build is Defined as but not limited to: Carriage, Seat with Upholstery, Footplate, Rail Section.
5. The unit must remain at the above location, unless agreed in writing by Merits Health Products, to be moved to a different address.
6. Per this agreement one demo per business location.
7. **I understand that I am responsible for any repair or replacement costs incurred due to abuse, negligence, theft, or loss of the equipment during the demo period and until the equipment is received by Merits Health Products.**
8. I intend this demo contract to be legally binding whether transmitted by mail or email or in person.
9. ***I have read, understand, and agree to the terms of this demo contract.***

____ (Initial) I accept the liability for the loaned device(s) and accessories.

Signed: _____ date: _____

(Customer Signature)

Signed: _____ date: _____

(Merits Health Products Representative Signature)

Please contact your Merits Representative for any questions or concerns:

Name: _____ Email: _____

Phone Number: (____) _____ - _____