

Date Due: _____

Customer ID (office use) _____



EQUIPMENT AND DEVICE LOAN REQUEST FORM

PERSON REQUESTING THE EQUIPMENT

Name: _____ Work Phone Number: _____
 Home Phone Number: _____ Cell Phone Number: _____
 Name of Agency: _____ Fax Number: _____
 Street Address (no P.O. Box): _____
 City/State/Zip: _____ County: _____
 Email: _____

DELIVERY OPTION

- I prefer to pick up and return the device to Oklahoma ABLE Tech in Stillwater, Oklahoma, rather than having the device shipped.
- I prefer Oklahoma ABLE Tech ship the device to me at the address below where someone is available Monday-Friday, 9 AM to 5 PM. Do not use a P.O. Box Number for shipping address - a street reference is necessary. If delivery is at a large facility, please specify department and/or room number.
A return shipping label will be provided **free** of charge.

This is a residential address This is a business address
 Use address above to ship devices Use different address:
 Name: _____ Phone Number: _____
 Organization/Agency: _____ Department: _____
 Street Address: _____ Apartment # _____
 City/State/Zip: _____

DEVICE REQUESTED	BAR CODE (to be completed by ABLE Tech)
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_____	_____
_____	_____
_____	_____

PRIMARY PURPOSE OF EQUIPMENT LOAN (check only one)

- Assist in decision making
- Waiting for repair or funding on my device
- Short-term accommodations
- Support / professional outreach

NAME OF PERSON WHO WILL BE USING THE DEVICE (if different from the person requesting the equipment)

Name: _____
 If a Minor, Name of Parent or Guardian: _____
 Daytime Phone Number: _____ Evening Phone Number: _____
 Street Address: _____ City/State/Zip: _____
 I need this device to help me with: _____

THE PERSON BORROWING THE DEVICE IS A(N):

- Individual with a disability
- Representative of employment
- Representative of community living
- Representative of information tech
- Family member or other authorized person
- School personnel or education related
- Health, allied health or rehabilitation related

WHAT IS THE MAIN AREA OF BENEFIT IN WHICH THE DEVICE(S) WILL BE USED

(check only one please)

- Education
- Employment
- Community Living
- IT access / Telecommunications

SUPPORT PERSON (person able to train/assist borrower in using equipment).

Name: _____ Title/Relationship: _____

Phone Number: _____

FEES

At this time, there are no **rental fees** to borrow ABLE Tech’s assistive technology equipment. However, **late fees** may be charged for any equipment not returned by the due date. **Late fees may be assessed at a rate of \$25 per week.** Failure to return the equipment by the due date will subject you to all applicable legal action.

REQUIRED SIGNATURES

The person who is the responsible party for this loan should sign these statements.

RELEASE OF LIABILITY

I agree to indemnify and hold harmless Oklahoma ABLE Tech and any and all employees, agent or representatives of same, from damages to property or injuries (including death) to myself, and/or any other person, and any other losses, damages, expenses, claims, demands, suits and actions by any party against Oklahoma ABLE Tech and any and all employees, agent or representatives of same, in connection with equipment loan(s) from Oklahoma ABLE Tech.

⇒ _____
Signature Date

⇒ _____
Signature Date

RESPONSIBILITY AND LIABILITY

- I understand and agree that I am responsible for the proper handling, storage, use, care, maintenance, and return of the device(s), component(s) or accessory(ies) loaned to me hereunder.
- In the event that I lose or there is a malfunction of device(s), component(s) or accessory(ies), I shall immediately notify Oklahoma ABLE Tech at (888) 885-5588.

