

**(STR Use)**  
 STR Rep: \_\_\_\_\_  
 Ship Date: \_\_\_\_\_  
 Due Date: \_\_\_\_\_  
 Date Returned: \_\_\_\_\_



school & science technology resources  
**KNOWLEDGE IN HAND**

5274 Scotts Valley Dr. #204, Scotts Valley, CA 95066  
 Toll Free 877-395-1001 [www.strscopes.com](http://www.strscopes.com) Toll Free Fax 866-991-9591

**Equipment Loan Agreement**

School \_\_\_\_\_

District \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

STR is providing the following products for evaluation for a period of \_\_\_\_\_ days/weeks beginning \_\_\_\_/\_\_\_\_/20\_\_\_\_.

Product/Description/Accessories	Part #
1. _____	_____
2. _____	_____
3. _____	_____

The Customer agrees to the following:

1. STR will take responsibility to ship or deliver the product to the Customer location. There will be no charge for delivery or use during the agreement period.
2. The Customer agrees to return the products above in their original condition and packaging as provided, allowing for normal wear, but free of markings, labels, or modifications and with all accessories and manuals.
3. If a unit is damaged or lost while under the Customers care, the Customer agrees to pay for repairs or replacement cost of the unit, as necessary.
4. The customer agrees to return the equipment by UPS with the provided label unless otherwise agreed upon.

**Signature:** \_\_\_\_\_ **Title** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**STR USE ONLY**

Notes: