

Client's Last Name: _____
Date: _____

CITT – Equipment Lending Form

Please Read the Following: In consideration of lending equipment to the below named signatory(ies), said signatory(ies) herein promise to return the equipment no later than 6 months from the date of issuance. Further, signatory(ies) agree(s) that neither the lender, CITT, nor any person associated with CITT will be held liable for injury that might occur during the time the equipment is being used.

PLEASE PRINT THE FOLLOWING INFORMATION

Name of person USING EQUIPMENT: _____
Street address: _____ City: _____ State _____ Zip _____
Mailing Address: _____ City: _____ State _____ Zip _____
Telephone No: _____ Signature: _____

Name of person RESPONSIBLE FOR RETURN OF EQUIPMENT: _____
Street address: _____ City _____ State _____ Zip _____
Mailing address: _____ City _____ State _____ Zip _____
Telephone: _____

Name of REFERRING THERAPIST: _____ LICENSE # _____
Place of Work: _____ City _____ State _____ Zip _____
Telephone number: _____ Signature: _____

How did you hear about CITT? _____

EQUIPMENT FURNISHED BY CITT

Date Furnished	Code No	Item No	Description	Date due	Date Returned	Extension date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

DONATIONS

Date	Amount	Cash	Check	Check #	Comments
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____