ARTRAY CO., LTD.
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SUGINAMI-KU, TOKYO 166-0002, JAPAN
TEL: +81-3-3389-5488 FAX: +81-3-3389-5486
E-MAIL: sales@artray.co.us

Ver. DM2025

LOAN APPLICATION FORM

No. ARTDM

Please fill out the form and reply to ARTRAY in PDF file with your signature.

Please email to sales@artray.us or fax to +81-3-3389-5486.

Application Date : **Date Needed:** From To

Product Model : ARTCAM-

Intended Use :

Contact Person :

Company Name :

Department :

Shipping Address :

Phone Number :

Fax Number :

Cell Number :

E-Mail :

Account Number : □ FedEx □ DHL □ UPS **Account :**

Note :
1. Shipping costs for sending and returning the device shall be borne by the Borrower.
2. The device must be returned completely with all the accessories in its original packaging.
3. Any missing or damaging of the device and the accessories will be invoiced to the Borrower.
4. If the Borrower does not return all the goods within the stipulated period, the Lender is entitled to invoice the Borrower for the full price of the goods automatically.
5. The device loan is available for one week. If an extension is required, please inform in advance.
6. On your returning, please write the same price as ARTRAY's shipping invoice on your return shipping invoice. Otherwise, all the generated custom duties and the consumption tax will be invoiced to the Borrower.

By signing this application, I / we acknowledge that the demo device borrowed is the property of the ARTRAY CO., LTD.
I am / We are responsible for the demo device until I / we return it to ARTRAY.

Signature (Applicant): **Date :**