

Dysautonomia Foundation, Inc.
Portable Oxygen Concentrator (POC) and Related Equipment
Request and Agreement Form

Name of Person who will use the Equipment: _____

Date Requested - From: _____ To: _____

If POC is to be used for air travel, duration of flight (in hours and minutes): _____

Please **initial** each statement below and provide all requested information at the bottom of this form.

_____ I agree to pay all shipping charges to/from the requested delivery address. The cost of shipping can be charged to my credit card, as provided below. (Does not apply if you pickup & drop off equipment at our office.)

_____ I agree to pay for any damages to the POC and/or accessories while they are in my care, up to and including full replacement cost if they are not returned or are damaged beyond repair. The cost can be charged to my credit card, as provided below.

_____ I agree to become familiar with operation of the POC and accessories, and I agree to take reasonable steps to insure that they are in good operating condition before using them for travel.

_____ I understand that the Dysautonomia Foundation is providing the POC and/or accessories to me "as is" and makes no expressed or implied representation as to the suitability or performance of the POC and accessories beyond the assurance that the POC and accessories are in conformance with the manufacturer's specifications.

_____ I agree to submit a completed Dysautonomia Foundation's physician's travel form with this request and agreement form.

_____ I agree to return the full set of equipment, documentation, & shipping case, within three days of the end date of the period indicated above, to the Dysautonomia Foundation. I understand that if I do not return the equipment in a timely manner, additional charges may apply, and these costs can be charged to my credit card.

Address: _____

City, State, ZIP: _____

Telephone & Email: _____

Credit card number: _____

Credit card expiration and security code: _____

Agreed by: _____

signature

print name

date

Person signing above must be the Credit Card holder, must be over 18 years of age

_____ Credit card billing address is the same as the address above

_____ Credit card billing address is different from address above and is listed below:

Billing Address: _____

City, State, ZIP: _____