

**Loveshaw an ITW Company**  
**Demonstration Equipment Agreement Form**

Please use this form to record agreements whereby Little David Equipment is consigned to distribution and/or perspective customers for the purpose of demonstration. Please fill in all areas of the form, and fax (570-937-4370) to Loveshaw along with a purchase order to cover return freight.

Request Date: \_\_\_\_\_  
Demonstration Date: \_\_\_\_\_

Reason For Demo \_\_\_\_\_  
\_\_\_\_\_

Expected Outcome \_\_\_\_\_  
\_\_\_\_\_

**Distributor Requesting Demo Unit**

Name: \_\_\_\_\_ Ship To Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Attn: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_

**Equipment Information**

Model _____	Qty _____
Model _____	Qty _____
Model _____	Qty _____
Model _____	Qty _____
Model _____	Qty _____
Model _____	Qty _____

**Terms**

Loveshaw will provide the above equipment to the requestor for the purpose of demonstration. All equipment must be returned within 10 days after demonstration, or a purchase order issued for such equipment.

**Responsibility Damage**

**Initial Shipment of Demo**

Loveshaw will take responsibility for damages and freight charges in the initial shipping process of the above equipment. Upon receipt, shipment must be inspected by the requestor and all damages immediately reported to Loveshaw.

**Return of Equipment**

The requestor will take full responsibility for the return of the above equipment. The unit must be cleaned, properly packed and returned in the **same packaging** and condition as received from Loveshaw. All damages and freight charges will be incurred by the requestor. Loveshaw will inspect the unit upon receipt and will immediately report all damages to the requestor.

*Note: Save original packaging material in the event of equipment return.*

Distributor Acceptance (Signature): \_\_\_\_\_  
Distributor Contact Name (Print) \_\_\_\_\_

Loveshaw Factory Manager Authorization \_\_\_\_\_  
Factory Manager Name (print) \_\_\_\_\_  
Date: \_\_\_\_\_

**Internal Office use only**

Loveshaw Regional Sales Manager \_\_\_\_\_

Demo Order# _____	Return or Purchase Date: _____
Demo Ship Date: _____	Sales Order# if applicable: _____
Demo Serial#s: _____	Return Condition if applicable: _____
_____	_____
_____	_____