

Medical Equipment Lease Agreement Form

This agreement is entered into on **[Insert Date]** between **[Lessor Name]** ("Lessor") and **[Lessee Name]** ("Lessee").

Lessor Details:

- Name: _____
- Address: _____
- Contact Information: _____

Lessee Details:

- Name: _____
- Address: _____
- Contact Information: _____

Equipment Details:

- Type of Equipment: _____
- Serial Number: _____
- Condition (at time of lease): _____

Lease Term and Payment:

- Start Date: _____
- End Date: _____
- Monthly Payment Amount: _____
- Payment Due Date: _____
- Security Deposit: _____

Usage Terms and Conditions:

- The Lessee agrees to use the equipment solely for medical purposes.
- Maintenance responsibility: Lessor Lessee
- The Lessee must return the equipment in the same condition, excluding normal wear and tear.

Acknowledgment and Signatures:

I, **[Lessee Name]**, agree to the terms outlined in this lease agreement.

Lessee Signature: _____

Date: _____

Lessor Signature: _____

Date: _____