

## **Simpson Medical Equipment Inc.**

4017 W Highway 70, Durant, OK 74701-4591, USA

Phone: +1 (208) 783-9802 Fax: +1 (208) 783-9803 Email: info@smequip.com

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## **Consignment Agreement**

Please print clearly. If you have questions, call our office during business hours.

**Consignor Name** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Email (optional)** \_\_\_\_\_

**Item(s) Being Consigned (make/model/condition)** \_\_\_\_\_

**Requested Asking Price** \_\_\_\_\_

### **Agreement**

Consignor authorizes Simpson Medical Equipment Inc. to display and sell the item(s) on consignment. Item(s) may be inspected and sanitized prior to sale. Sale price and consignment terms will be confirmed with the consignor. Unsold items may be returned to consignor upon request, subject to reasonable notice.

**Patient/Authorized Representative Signature** \_\_\_\_\_

**Date** \_\_\_\_\_