



SAVING OUR SENIORS
SERVING AND EMPOWERING
TAMPA BAY SENIORS

**AUTHORIZATION TO DELIVER
DURABLE MEDICAL EQUIPMENT**

Authorization Date: _____ Inventory Number: _____

Equipment Items: _____

I hereby confirm that the DME has been cleaned and sanitized, and that all parts are present.

SOS Staff Signature: _____

APPLICANT INFORMATION

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

This acts as the customer receipt. Please read carefully and sign below after receiving the DME.

I received the DME listed above, and agree that it is exclusively for my own or my family's personal use, and will not be sold, or otherwise removed from my custody and control, for any reason. In the event that I no longer need the DME, I will contact Saving Our Seniors at 727.537.6753, or email director@savingourseniors.care to retrieve the DME.

I understand that this is used equipment. I accept the equipment as-is and agree that it was delivered in good and useable condition. I understand how the DME works. I will not hold Saving our Seniors responsible for any problems I might encounter while using the DME.

I hereby grant Saving Our Seniors permission to use my likeness in a photography, video, or other digital media in any and all of its publications, including web-based applications, without payment or other consideration.

Start Date: _____ Length of Payment Plan: _____

Monthly Payment: _____ Checking: _____ Credit Card: _____

Client Signature: _____

PLEASE RETURN INFORMATION TO:

Mailing Address: 2309 60th Drive E Bradenton FL 34203 Fax:
727.499.6783 Email: director@savingourseniors.care