

# Equipment Leasing Agreement

**Date:** [Insert Date]

## **Parties:**

Lessee: [Lessee Name]  
Address: [Lessee Address]  
Contact: [Lessee Phone Number]

Lessor: [Lessor Name]  
Address: [Lessor Address]  
Contact: [Lessor Phone Number]

## **1. Equipment Description**

The Lessor agrees to lease the following medical devices to the Lessee:

- [Device Name 1] - [Description]
- [Device Name 2] - [Description]
- [Device Name 3] - [Description]

## **2. Lease Term**

The lease term will commence on [Start Date] and will continue until [End Date].

## **3. Lease Payment**

The Lessee agrees to pay the Lessor a monthly lease payment of [Amount] due on the [Due Date] of each month.

## **4. Maintenance and Repairs**

The Lessor is responsible for all major maintenance and repairs, while the Lessee will ensure that the equipment is used in accordance with operational guidelines.

## **5. Termination**

This agreement may be terminated by either party with [Number] days written notice.

## **6. Governing Law**

This agreement shall be governed by the laws of [State/Country].

## **Signatures**

Lessee: \_\_\_\_\_

Date: \_\_\_\_\_

Lessor: \_\_\_\_\_

Date: \_\_\_\_\_