

MUSEUM OF HOLOGRAPHY

CHICAGO

1134 W. WASHINGTON BOULEVARD / CHICAGO, ILLINOIS 60607

Phone: (312)226-1007

LOAN AGREEMENT

EXHIBITOR

NAME _____

ADDRESS _____

CITY _____

STATE _____

DESCRIPTION OF LOAN/RENTAL

TITLES OF HOLOGRAMS/EQUIPMENT

CREDIT LINE

DATE OF PICK UP _____

DATE OF RETURN _____

CONDITION OF HOLOGRAMS

CONDITION OF EQUIPMENT

SHIPPING _____

TO BE CARRIED BY EXHIBITOR

INSURANCE VALUATION _____

TO BE CARRIED BY EXHIBITOR

I HEREBY AGREE TO ABIDE BY THE ABOVE CONDITIONS.

EXHIBITOR _____