



MEDICAL EQUIPMENT RENTAL AGREEMENT

Renter's Name: _____ DOB: _____

Equipment User's Name (If Different): _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____ May we text you? Y N

Last 4 digits of CC#: _____ Type: MC Visa AMEX DISC Exp. Date: _____

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Hip Surgery Chair	Weekly \$40.00 _____ Initials	Monthly \$100.00 _____ Initials
Ossur Cold Rush Ice Machine	Weekly \$40.00 _____ Initials	Monthly \$100.00 _____ Initials (Cuff Sold Separately- \$75.00)
Breg Polar Care Wave Ice Machine w/Compression Requires Rx	Weekly \$40.00 _____ Initials	Monthly \$125.00 _____ Initials (Cuff Sold Separately- \$90.00)

Equipment SKU: _____

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Terms of Agreement:

_____ Items are rented on a weekly (7 days) or monthly (30 day) basis. The rental period begins on the day the item is received whether delivered or picked up from our store. If an extension is needed we must have at least a 24 hour notice. An additional rental period begins the following day after your initial rental period ends. We do give a one (1) day grace period for weekly rentals and a two (2) day grace period for monthly rentals.

_____ At the end of your term, we will contact you to check if you want to continue your rental. We will make 3 attempts to call you. If we did not receive the item back or reach you by phone at the end of the grace period, this agreement will automatically renew at the initial option you chose and will be billed to the credit card on file.

_____ I fully understand that I am responsible for the replacement cost of damaged, missing or permanently stained rental equipment. If returned equipment appears broken due to misuse, a repair charge of \$20.00 will be charged as well as the cost of any necessary parts to return the equipment back to functional use. If the equipment cannot be repaired, the customer will be notified and will be responsible for the calculated replacement cost of the equipment.

_____ I agree that I have been instructed on how to use the rental equipment and take full responsibility for the proper use and care of the equipment during the rental period so that it is returned in the same condition as when received.

_____ **Hold Harmless:** I agree to hold All American Medical Supply Corp. harmless for any injuries sustained by me or anyone else while using the equipment listed above. I acknowledge that I have had the opportunity to inspect the item, and have been instructed on its proper use. During the rental period, if I am having an issue with the item, I am to bring it back to the store for repair or exchange.

Credit Card Authorization Agreement

_____ I authorize **All American Medical Supply Corp.** to charge my credit card on file listed above for the initial rental terms, any renewals, and any damages or missing items related to this rental agreement. If the item is not returned I realize I will be billed the equivalent of 3 months rental to my credit card on file. If that is unsuccessful, than I will be billed by invoice.

By my signature below, I am accepting delivery of the item listed above.

Renter's Signature: _____ Date: _____