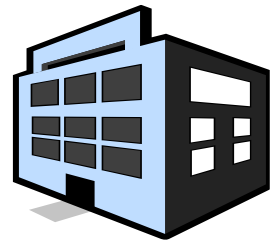


MEDICAL and MOBILITY



WAREHOUSE



Rental Agreement

Date: __ / __ / 20__

Hirer : _____

Home Address : _____

Phone (Home) : _____

Mobile Phone: : _____

Email : _____

Delivery Required (Please Circle) Y/N Delivery Date: __/__/20__

Pick Up Required (Please Circle) Y/N Pick up Date : __/__/20__

Name of person to receive delivery: _____

Delivery Address:

Telephone: _____

EQUIPMENT HIRED/ASSET NO:

I agree that the Product/s received by me the hirer are in good working order and free of damage. I have received a copy of, read, understood and agree to the terms and conditions of hire that have been provided to me.

Please read conditions before signing this agreement.

Name

Signature

Date

Disability Solutions Designed to Make Your Life Easier

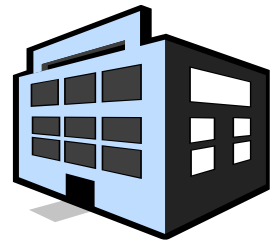
309 Spence Street Bungalow QLD 4870

Phone (07)4035 5944 Fax (07)4035 5949

Email info@medicalandmobility.com.au

Website www.medicalandmobility.com.au

MEDICAL and MOBILITY WAREHOUSE



CREDIT CARD HOLDER NAME: _____

Credit Card Number for deposit: _____ XP: ____/____

(Please note a valid credit card is required for deposit purposes. Visa or MasterCard only. Visa and MasterCard debit cards are not acceptable for deposit.)

Rental period: from ____/____/20__ to ____/____/20__ \$

Delivery Required (Please Circle) Y/N \$

Pick Up Required (Please Circle) Y/N \$

Total \$

**RENTAL EQUIPMENT MUST BE RETURNED
BY ____/____/____.**

**FAILURE to do so will INCUR further Charges
(Overdue fees) At WEEKLY HIRE RATES. Please
contact us prior to the expiration of the hire period if
you require an extension. Please also note that approval
of a hire extension will be set at the discretion of
Medical and Mobility staff and depend on equipment
availability and bookings.**

Office use only:

Hire extended: from ____/____/20__ to ____/____/20__ \$

HIRE FEES: \$

DELIVERY CHARGE: \$

PICKUP CHARGE: \$

TOTAL: \$

Late return of equipment (If applicable) \$

Return date: _____ Staff Member Name: _____

Product/s returned in good order and free from damage: Y/N

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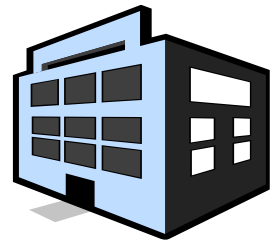
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MEDICAL and MOBILITY WAREHOUSE



Rental Agreement – Terms and Conditions

The hirer agrees to accept the hiring of equipment in accordance with the terms and conditions set out below:

1. Prior to the commencement of this agreement the hirer covenants and agrees:
 - a) That the hirer has thoroughly examined the goods and is satisfied that the goods are in good working order/condition and suit the purpose that the goods are being hired for.
 - b) Acceptance and use of the goods hired over the phone, fax or internet will deem the goods to be in good working order/condition as per clause 1a.
2. Medical and mobility its employees, servants, agents and contractors will not be responsible for or incur any liability whatsoever in respect of any loss (including loss of profits), damage, injury (to person or property) or death or breach of statutory duty caused by or arising out of or in consequence of either of the following:
 - a) The hire of the goods by the customer.
 - b) Any act, omission or default whether negligent or reckless of Medical and Mobility, its employees, servants, agents or contractors.
3. That except for such conditions and warranties as required by law no condition, warranty or representation is given by Medical and Mobility whether in relation to the conditions, quality, safety or suitability of the goods and any express or implied condition is hereby excluded to the maximum extent permitted by law.
4. The hirer hereby agrees to indemnify Medical and Mobility from all claims, demands, rights, causes of action, loss or costs incurred by Medical and Mobility, caused by , arising out of or in consequence of the hire of the goods by the customer.
5. The hirer covenants and agrees with Medical and Mobility as to the following:
 - a) To pay Medical and Mobility the hiring fee of all deductions notwithstanding any defect or breakdown of the goods.
 - b) If the hired equipment is lost, stolen, not returned by due date, or returned in a damaged condition in excess of normal wear and tear, the hirer will be liable to compensate Medical and Mobility for all loss and damage sustained by Medical and Mobility as a result of but not limited to the full cost of repairs to the equipment or the replacement cost of said equipment.
 - c) The provision by the hirer of a credit card Visa or Mastercard as deposit, shall be deemed as giving authority to Medical and Mobility Warehouse to debit the credit card for any costs incurred as described in point 5a and 5b.
 - d) To maintain the goods in good working order and repair and at the expiration of the period of hire to deliver the goods in like condition to Medical and Mobility.
 - e) To keep the goods under the hirers control and not to purport to sell. Dispose of or encumber the same.
 - f) In the event that the hirer retains the goods beyond the expiration of the hire period to pay Medical and Mobility by way of liquidated damages an amount equal to the hiring fee for each period of use or part there of that the goods are so retained.
 - g) That no insurance is affected by Medical and Mobility for the benefit of the hirer.
 - h) Any person executing this agreement on behalf of a hire shall be deemed to have the authority to bind the hirer and the hirer shall be estopped by denying such authority.
 - i) Any overdue hire fees will be charged at weekly rental rates.

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