



MISSION MEDICAL SUPPLY

4444 EL CAJON BLVD STE. 3 - SAN DIEGO, CA. 92115 - TEL: 619-229-9597 - FAX: 619-229-9594
10515 BELLAIRE BLVD STE. M - HOUSTON, TX. 77072 - TEL: 281-933-3902 - FAX: 281-933-3949

WHEEL CHAIR RENTAL AGREEMENT FORM

BASIC WHEEL CHAIR COMBO WHEEL CHAIR TRANSPORT CHAIR

TODAY'S DATE:

RENTAL START DATE: RETURN DATE: TOTAL RENTAL DAYS:

WHAT TYPES OF CREDIT CARD USED FOR DEPOSIT:

Credit Card information will be obtained at the time of arrival. A Deposit of \$150 required for WheelChair Rental)

CUSTOMER INFORMATION:

FIRST NAME: LAST NAME: INITIAL:

ADDRESS: CITY: STATE: ZIP CODE:

HOME PHONE: WORK PHONE: CELL PHONE:

ID CARD REQUIRED: STATE: EXPIRED DATE:

WHEEL CHAIR RENTAL AGREEMENT:

Thank you for choosing to rent our wheelchair. Our terms for rental are as follows:

The minimum rental period for Manual Wheel chair will be 1 week from date of rental at a rate of \$35 / week. If the Manual Wheel chair is ready for return before the minimum rental period has expired you will still be charged the weekly rate.

The Manual Wheel chair will be collected from our premises and instructions for use given both verbally and in written form by a member of our staff. When you have finished with the Manual Wheel chair you should return it to our premises. The Manual Wheel chair will be on hire until cancelled by phone/email/fax.

Please ensure the Manual Wheel chair is returned in the same condition as it was left. The organization/ individual renting the Manual Wheel chair will be liable for any damage caused to the chair while on rental.

BY SIGNING BELOW, YOU AGREE TO ALL OF THE TERMS AND CONDITIONS DESCRIBED ABOVE.

CUSTOMER'S SIGNATURE

DATE