



# 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

## POWER MOBILITY RENTAL AGREEMENT FORM

POWER WHEEL CHAIR

SCOOTER 3 WHEEL

SCOOTER 4 WHEEL

TODAY'S DATE:

RENTAL START DATE:

RETURN DATE:

TOTAL RENTAL DAYS:

WHAT TYPES OF CREDIT CARDS USED FOR DEPOSIT:

*Credit Card information will be obtained at the time of arrival. (A deposit of \$350 is required. )*

### 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 this power mobility will be 2 DAYS from date of rental at a rate of \$25/ day. All Power Mobility rentals are key operated, delivered fully charged, has a gauge to determine the battery's charge. Operators must be 18 years or older. Power Mobility will run all day on a full charge and should be charged each night to ensure a full charge each morning. Instructions for use given both verbally and in written form by a member of our staff. When you have finished with the power mobility and ready to return the power mobility, you should contact us by phone to arrange for pickup.

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

Again many thanks for choosing to rent our power mobility. We know you will find it very satisfactory and we will be happy to answer any questions you may have.

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

\_\_\_\_\_  
CUSTOMER'S SIGNATURE

\_\_\_\_\_  
DATE