

## Rental Agreement

## Notice of Financial Responsibility

**Patient Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY) (for patient identification purposes only)

**Anticipated charges are as follows**

Weekly rental fee:	\$250.00/week + HST
Number of rental weeks:	2 week(s)
Total rental fee:	\$500.00 + HST


**Rental Period**

Ship Date:	System will arrive a minimum of 1 business day prior to rental start date
Rental Start Date:	____ / ____ / ____ (DD/MM/YYYY)
Rental End Date:	____ / ____ / ____ (DD/MM/YYYY)
Return Date:	System is required to ship 1 business day post rental end date

**Rental Expectations / Additional Charges**

Unit shall be used in accordance to rental program. Any abuse or damage which incur repair fee(s) will be charged to the rentee in accordance with this rental agreement. A \$40/day late fee will be incurred if not shipped 1 business day post rental fee. If the product is not returned within 5 business days and no notification of rental extension is given, the remainder of the cost (\$5000.00) will be charged to the application credit card

**Payment**



Cardholder Name: \_\_\_\_\_

Card No: \_\_\_\_\_

Exp Date: \_\_\_\_ / \_\_\_\_ (MM/YY)                      CVV/CVC: \_\_\_\_\_

Patient Signature: \_\_\_\_\_                      Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)

**Authorization of Rental Agreement & Responsibilities**

PATIENT SIGNATURE, PERSONAL REPRESENTATIVE or RESPONSIBLE PARTY SIGNATURE

By signing below, I agree to the terms and fees set forth above and authorize to charge my credit card for the charges specified above as well as for the charges for subsequent services that may incur as detailed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (DD/MM/YYYY)