

TOWSON MEDICAL EQUIPMENT
1805 E. Joppa Rd Baltimore, MD 21234
Phone: 410-882-4005 Fax: 410-882-0056

RENTAL EQUIPMENT

PATIENT ID: _____ **SALES ORDER:** _____

NAME	
ADDRESS	
PHONE NUMBER	
EQUIPMENT RECEIVED & SERIAL NUMBER	
ACCESSORIES INCLUDED	

START DATE	END DATE	PRICE	DEPOSIT NUMBER

I am aware that if I don't return the rental equipment or extend the rental date, that on the requested return date my card will be charged another rental fee. I am also aware the charge amount may be different than quoted, if I change the length of the rental terms; i.e. weekly to monthly. If prior arrangements of extended rental dates or return arrangements have been made then my card will not be charged. The rental equipment should be returned no later than 4:00 PM on the requested "END DATE".

I am also aware I may be charged for any user error damages that occur to the rental equipment. If applicable to the equipment I rented, I am aware there is a \$15.00 dollar fee for any keys that are lost, damaged, or not returned with the equipment. There may be a \$50.00 charge if the rental equipment comes with a charger, and that is not returned with equipment, or damaged while in my possession.

I give permission to Towson Medical Equipment to charge my credit card that I left on file, for charges that are due on my account. I am aware once my rental agreement is completed, my credit card information will be shredded, and not given to any other persons

By signing below I agree to the above information:

Patient Signature: _____

Date: _____