



**John Preston**  
Healthcare Supplies & Services



Form CRA-1  
Date 20-05-05

**RENTAL AGREEMENT**

I \_\_\_\_\_, wish to rent \_\_\_\_\_

(QTY) \_\_\_\_\_ (PRODUCT)

For a period of approx \_\_\_\_\_

*I fully accept all the terms of the rental agreement as stated below in points 1-6.*

Authorising Signature \_\_\_\_\_

Print name \_\_\_\_\_

Date \_\_\_\_\_

*Equipment to be delivered to*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Rental terms are as follows:*

- 1. The minimum rental period for this product will be 1 month from date of delivery at a rate of £\_\_\_/ month and £\_\_\_ per week thereafter.. These prices are exclusive of V.A.T. If the chair is ready for return before the minimum rental period has expired you will still be charged the monthly rate.*
- 2. V.A.T. will be chargeable at 17.5%*
- 3. The product will be delivered to your premises where it will be configured to your client's requirements by one of our seating specialists and the client's carers instructed in its operation.*
- 4. We will require you to sign for the product and to confirm that it was received in good condition. It is your responsibility to note any faults on receipt of product.*

5. *When you have finished with the product you should fax us the cancellation form. RC-1. Rental Charges will only cease upon receipt of a signed cancellation form. We will then arrange collection of the product, where upon it will be checked for any damage*

6. *You will be liable for any damage caused to the product, including upholstery damage. Please be sure to check chair on receipt and sign as checked*

*Again many thanks for choosing to use our rental service– we know you will find it very satisfactory and we will be happy to answer any queries you may have.*

-----

*Authorised signature*

-----

**PRINT NAME CAPITALS**