

EQUIPMENT RENTAL FORM

Pick-Up Date: _____

Return Date: _____

| Quantity | ITEM | PRICE | TOTAL |
|--|---------------------------|--------------------|-------|
| | Adult Manikin | \$30.00 | |
| | # of faces per manikin | N/C | |
| | Child Manikin | \$30.00 | |
| | # of faces per manikin | N/C | |
| | Infant Manikin | \$30.00 | |
| | # of faces per manikin | N/C | |
| Please Indicate Requested Number of Faces per Manikin | | | |
| | AED Trainer Type: | \$30.00 | |
| | Set of Bag Valve Masks | \$10.00 | |
| | HS FA-CPR-AED Course DVD: | \$20.00 | |
| | | | |
| | | | |
| | | Sub-Total | |
| | | Add Sales Tax (6%) | |
| Tax Exempt - Include Tax ID#: | | | |
| | | Total | |

EQUIPMENT RENTAL AGREEMENT

I, _____ (print name) agree to return the above stated equipment in good condition and free of damage on the agreed upon return date as stated above. I understand that a **Late Return Fee of \$25.00 per day** will be assessed if not returned as agreed. I further agree to assume full responsibility for any damage incurred to the equipment while in my possession. **There will be a \$10.00 fee per lost or damaged face, and appropriate fees for damage to the manikins.** I understand that I have no responsibility to clean the equipment beyond removing any gross soiling of the face.

I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS EQUIPMENT RENTAL AGREEMENT.

Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

Address of Renter: _____

WE ACCEPT VISA/MASTERCARD/DISCOVER CREDIT CARD PAYMENTS

| | |
|--|---|
| Card Number: _____ | Expiration (Mo/Yr): _____ |
| Total Amount Authorized: _____ | Security Code: _____ (Located on Back of Card next to Signature Line. Usually 3 or 4 digits.) |
| Cardholder Name: _____ | |
| Cardholder Billing Address: _____ | |
| I agree to pay above amount according to card issuer agreement. | |
| Cardholder Signature: _____ | |

Materials Order Form? Yes _____ No _____

FOR OFFICE USE ONLY

Payment Amount: \$ _____ Cash _____ Credit Card _____ CK _____ M.O. _____ # _____

Date _____ Pmt Date _____ Invoice# _____ Enclosed Emailed _____