

HIRE EQUIPMENT AGREEMENT

HOSPITAL / FACILITY REQUESTING HIRE:

INVOICING DETAILS:

NAME:

ADDRESS:

COST CENTRE:

CLIENT NAME:

ADDRESS:

PH:

DELIVERY ADDRESS:

ITEM

WEEKLY HIRE FEE

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.....

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.....
.....
.....

Required equipment height mm

Email: enquiries@wheelchairman.com.au

Equipment Delivery Instructions:

Please contact: Ph: to arrange delivery time.

I have been given information regarding my equipment for safe discharge and understand the conditions regarding the loan and payment for the hire of the equipment described above.

The hire of the equipment is from:

..... / / to / / paid by:

..... / / to / / paid by:

It is the responsibility of the Patient to return the equipment to the company or liaise with company for pick-up.

Patient / Carer Signature: Date: / /

Therapist Signature: Date: / /

Name of Therapist (Please Print): Ph:

Department:

