

HIRE EQUIPMENT AGREEMENT

HOSPITAL / FACILITY REQUESTING HIRE:

INVOICING DETAILS:

NAME:
ADDRESS:
DEPARTMENT:
EMAIL ADDRESS:



473 Ballarat Rd, Sunshine 3020
ABN: 78 440 131 015
Phone: (03) 9312 2888
Fax: (03) 9312 2999

COST CENTRE:

CLIENT NAME:
ADDRESS:

PH:

DELIVERY ADDRESS:

ITEM	WEEKLY HIRE FEE
.....
.....
.....
.....

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: