

WHEELCHAIR MAN (AUSTRALASIA) PTY LTD
 473 Ballarat Rd, Sunshine VIC 3020
 Phone: (03) 9312 2888
 Email: sales@wheelchairman.com.au



HIRE EQUIPMENT AGREEMENT

NAME OF HOSPITAL / FACILITY
 REQUESTING HIRE

INVOICING DETAILS

NAME

ADDRESS

DEPARTMENT

EMAIL ADDRESS

COST CENTRE

CLIENT

CLIENT NAME

PATIENT
UR

CLIENT ADDRESS

CLIENT PHONE

CLIENT EMAIL

ITEM

WEEKLY HIRE FEE

REQUIRED EQUIPMENT HEIGHT (mm)

EQUIPMENT DELIVERY

DELIVERY ADDRESS

DELIVERY
INSTRUCTIONS

PLEASE CONTACT

NAME

PHONE

TO ARRANGE DELIVERY

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 the company for pick-up

Patient / Carer Signature: _____ Date _____

Therapist Signature _____ Date _____

Name of Therapist
(please print) _____ Phone _____

Email this form to sales@wheelchairman.com.au