aidacare
HEALTHCARE EQUIPMENT

EQUIPMENT RENTAL AGREEMENT

RENTAL DETAILS

Date of Agreement:

Start Date:

End Date:

CUSTOMER DETAILS

Full Name:

Delivery Address:

Phone 1:

Phone 2:

Email:

Collection Address:

Site Access: *(e.g. stairs, parking driveway)*

FUNDING DETAILS

Bill to: Customer Scheme Plan Manager

Scheme/Funder Name: *(e.g. NDIS)*

Participant Number:

Contact Name:

Contact Phone:

Contact Email:

PAYER/CAREGIVER DETAILS

Full Name:

Address:

Phone 1:

Phone 2:

Email:

RENTAL DETAILS

EQUIPMENT DESCRIPTION	PRODUCT CODE	WEEKLY RATE	DELIVERY & COLLECTION *(incl. GST)*
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
		$	$
Total Weekly Rent		$	$
Total Initial Charge *(4 weeks rent + Delivery + Collection)*		$	
Ongoing Charge *(4 weeks rent)*		$	

☐ **Rental Terms and Conditions:** I have read and understood the Rental Terms and Conditions and by signing here agree to be bound by them in respect of this Equipment Rental Agreement / The customer has been explained the Terms and Conditions of the Equipment Rental Agreement.

Customer Signature *(or Aidacare Staff)*: Date:

TERMS AND CONDITIONS Equipment Rental Agreements are subject to the terms and conditions overleaf.

AIDACARE OFFICE USE ONLY

Aidacare Branch:	Staff Member:
Debtor ID:	Agreement Number:
Signature:	Date:

RENTAL TERMS & CONDITIONS OF HIRE

Rental means an agreement to supply Equipment in return for ongoing periodic payments from the Customer. Title in the Equipment does not pass to the Customer. Rental terms are to be read in conjunction with Aidacare's standard Terms & Conditions available at: aidacare.com.au/about-aidacare/terms--conditions/