

Office Use Only  
 Shipped Date: \_\_\_\_\_  
 Received Date: \_\_\_\_\_

## Kahntact Medical Rental Agreement

Choose the instrument you are requesting:

Number of Instruments Needed	Instrument Type	3-Week Minimum Rental Rate (per instrument)	Net Totals	Weekly Rate (if not returned on time)
	Mark V (instrument only)	\$90.00		\$90.00
	Mark V with Printer	\$120.00		\$120.00
	Mercury (instrument only)	\$90.00		\$90.00
	Mercury with Printer	\$120.00		\$120.00
	Jupiter	\$150.00		\$150.00
	Alco-Sensor IV w/Memory	\$90.00		\$90.00
	RBT IV (ASIV w/Printer)	\$120.00		\$120.00
	RBT VXL (ASVXL w/Printer)	\$120.00		\$120.00

\$

**\* Credit Card is required for all rentals\***

CREDIT CARD #: \_\_\_\_\_ CARD TYPE (Visa, MC, Amex): \_\_\_\_\_

CARDHOLDER'S NAME: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

Company Name & <b>BILLING</b> Address	Company Name & <b>SHIPPING</b> Address
Contact Name:	Contact Email:
Contact Phone:	Contact Fax:

There is a 3 week minimum rental charge for all instruments. Shipping costs and sales tax (if applicable) are additional. All instruments will be shipped via FedEx Ground service; expedited service is available at the request of the Customer for an additional cost.

The cost of shipping rental instruments back to Kahntact Medical will be the responsibility of the Customer. **If the instrument is not returned to us, your credit card will be charged for the full price of the instrument.**

**For rates and terms on rental periods longer than our minimum standard 3 weeks, please call the Repair Department 1-708-449-5470**

I have read the Rental Policy Agreement and I confirm that the information on this Rental Agreement form is correct by signing below. Customer signature indicates authorization to sign this Agreement and the equipment will be returned in good working order. Any damage to an instrument incurred during the rental period from misuse, alteration, accident or abuse during operation or handling will be repaired at the customer's expense.

**CUSTOMER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Fax the signed agreement for approval to: 1-708-449-7832**

Kahntact Approval Signature: \_\_\_\_\_