



**ROCKVILLE MEDICAL SUPPLIES**  
 50 W. Edmonston Drive, Rockville, MD 20852  
 Tel. (240) 403-0152 Fax. (240) 403- 0153  
[www.rockvillemedicalsupplies.com](http://www.rockvillemedicalsupplies.com)

## RENTAL AGREEMENT

<b>Date:</b>	<b>EMAIL:</b>	
<b>Name of Renter:</b>	<b>Phone:</b>	
<b>Address:</b>		
Driver License #	Exp. Date:	

<b>Rental Duration:</b>	<input type="checkbox"/> Day	<input type="checkbox"/> Week	<input type="checkbox"/> Month
<b>Start Date:</b>	<b>End Date:</b>	<b>Item #:</b>	
Credit Card #:			
Type:	Exp. Date:	SC:	<input type="checkbox"/> CASH

RENTAL FEES AS OF 01/16/2018

**\*\* Please check the rented items box to the left for your selections \*\***

Item:	Weekly	Monthly
Wheelchair	\$45.00	\$99.00
Walker with seat/ Rollator	\$55.00	\$75.00
Standard Walker	\$20.00	\$35.00
Wheelchair Ramp	\$30.00	\$50.00
Knee Scooter	\$45.00	\$75.00
Medical Bed**	N/A	\$199.00

\*\* Medical Beds require a \$250.00 fee for installation, delivery, and recovery.

### DELIVERY

Mileage from the store	Rate
Within 3 miles	<b>\$10.00</b>
10-25 miles	\$45.00
25- 35 miles	\$65.00
35- 45 miles	\$85.00

**\*\* ALL ITEMS MUST BE RETURNED CLEAN, AND IN ACCEPTABLE CONDITION AS WHEN FIRST RENTED \*\***

Sub. Total:	\$	
Delivery		
<b>TOTAL:</b>	<b>\$</b>	

**X**

\_\_\_\_\_  
Renter Initials

**PLEASE READ BEFORE SIGNING**

**TERMS:** All items are rented on a weekly (7days), monthly (30 days), or daily basis. If an extension is needed we must have at least a 24 hour notice. **An additional \$15.00 late fee will be charged daily the following day after your initial week/month of rental should it not be returned on scheduled date.** Rental on equipment starts the day the equipment is received in home or is picked up and stops when the equipment is shipped out or picked up.

The Customer is responsible for replacement costs of damaged, missing or permanently stained rental equipment. Test and (or) Repair Charges – If returned equipment appears broken due to misuse, a test and repair charge of \$50.00 may be charged for inspection, testing and minor repairs required to return the Equipment to service. This charge will be payable at the end of this agreement. If the equipment cannot be repaired, the customer will be notified and will be responsible for the designated replacement cost of the Equipment.

Limitation of Liability and Indemnity: Limitation of liability – In no event will Rockville Medical Supplies be liable to the Customer for any Incident or injury, indirect or consequential damages however caused, whether by negligence or otherwise.

Indemnity – The Customer agrees to protect, indemnify and hold harmless Rockville Medical Supplies from and against all claims, damages and costs including legal expenses arising out of Customer's use of the equipment.

**I agree that I have been instructed on how to use the equipment and take full responsibility for the proper use and care of the equipment during the rental period so that it is returned in the same condition as when received.**

**I fully understand that I am responsible for any and all damages and therefore repair costs that may arise from use of the product during my rental period.**

X

Customer's Signature

X

Date

**RENTAL RETURN FORM**  
(For RMS use only)

Date Returned:

Print Name:

**RENTAL RETURN INSPECTION**

Condition of Rental upon return:

Received by:

X

Customer's Signature