



**R&M REYES ENTERPRISE, LLC**  
**92 Kalaniana'ole Ave. Hilo, HI 96720**  
**Phone: (808) 769-4766 Fax: (808) 380-2893**  
**Email: [info@rnmreyes.com](mailto:info@rnmreyes.com)**  
**RENTAL AGREEMENT TERMS**

**Responsible Party Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Alternative Ph#:** \_\_\_\_\_ **Email address:** \_\_\_\_\_

### **Rental Delivery Information**

**Rental Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Number of rental days (Select one): ONE WEEK (7 days) \_\_\_\_\_ ONE MONTH (30 days) \_\_\_\_\_**

**Other:** \_\_\_\_\_

If delivery & pick up required, please fill out entire section:

**Delivery Required:** \_\_\_\_ Yes \_\_\_\_ No **Delivery Date:** \_\_\_\_\_ **Delivery Time:** \_\_\_\_\_

**Delivery Address:** \_\_\_\_\_

**Pick Up Date:** \_\_\_\_\_ **Pick Up Time:** \_\_\_\_\_

**Pick Up Address (if different):** \_\_\_\_\_

If delivery & pick up not required, please fill out below:

**In- Store Pick Up:** \_\_\_\_ Yes \_\_\_\_ No

Pick Up & Time: M-F Between 9:00am- 4:00pm, Sat. (By Appt only)

**In-Store Drop Off:** \_\_\_\_ Yes \_\_\_\_ No

Pick Up & Time: M-F Between 9:00am- 4:00pm, Sat. (By Appt only)

### **Rental Payment**

**Credit Card#** \_\_\_\_\_ **Type(select one):** \_\_\_\_ Visa \_\_\_\_ M/C \_\_\_\_

**Discover** \_\_\_\_ **Other:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Credit Card Billing Address (if different from above):** \_\_\_\_\_

**Cash/Check/other:** \_\_\_\_\_

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

**PLEASE READ BEFORE SIGNING:**

Terms: All items are rented on a weekly (7 days) or (30 days) monthly basis. If an extension is needed, we must have at least a 24-hour notice. An additional week or daily rate of rental begins the following day after your initial week 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. WARNING: Please note that failure to return rented equipment as agreed at time of rental is considered prima facie evidence of larceny and will be prosecuted. In the event R&M Reyes Enterprise, LLC. institutes legal proceedings to recover missing property or damages arising from the contract, we will be able to recover Legal fees along with any additional costs to damaged 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. If equipment is returned heavily soiled, an additional cleaning fee of \$50 will be charged.

Limitation of Liability and Indemnity: Limitation of liability – In no event will R&M Enterprise, LLC. or 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 R&M Reyes, L.L.C. 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.

that "in the event patient returns wheelchair in unusable/unrentable condition, The Customer agrees to reimburse R&M Reyes for the retail value of the wheelchair.

I was informed on Rental Education of proper use of equipment Responsible **Party Initials** \_\_\_\_\_

**Customer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**R&M Reyes CSR:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRIVATE PAY RENTAL FEES AS OF 10/01/2021**

**Please enter "X" next to selected rental duration for each requested item and initial at the bottom.**

***\*Items selected depend on availability\****

<b><u>ITEM:</u></b>	<b><u>Weekly</u></b>	<b><u>Monthly</u></b>
Standard Manual Wheelchair (Weight Cap:250lbs)	\$45.00 ____	\$70.00 ____
Light weight/Reclining Manual Wheelchair (Weight Cap:250lbs)	\$60.00 ____	\$90.00 ____
Heavy Duty Wheelchair (Weight Cap:300-450lbs)	\$75.00 ____	\$145.00 ____
Transport Chair (Weight Cap:300lbs)	\$40.00 ____	\$70.00 ____
Knee Walker (Weight Cap:300lbs)	\$30.00 ____	\$62.00 ____
Walker w/ 2 Front Wheels (Weight Cap:400lbs)	\$35.00 ____	\$65.00 ____
Semi-Electric Hospital Bed (not including mattress or rails)	\$95.00 ____	\$160.00 ____
Half Bed Rails (pair) ____ Side Bed Rails ____	\$30.00 ____	\$60.00 ____
Hydraulic Manual Patient Lift (Hoyer lift) 400lbs	\$40.00 ____	\$99.00 ____
Rollator	\$28.00 ____	\$60.00 ____
Full electric hospital bed (not including mattress or rails)	\$125.00 ____	\$210.00 ____
Trapeze	\$25.00 ____	\$50.00 ____

\*Mattresses are not rental but **PURCHASED for \$207.59** \_\_\_\_

Wheelchair leg rest ___ foot rest ___	N/A	\$12.00 ___
Wheelchair cushion 20x16___ 18x16___	N/A	\$20.00 ___

**All rentals require a deposit and is refunded upon return of the non-damaged product. Must be in the same working condition as of at the time of rental.**

**DEPOSIT:**

\$50 for Front Wheel Walkers, trapeze  
\$100 Rollators , transfer bench  
\$150 Wheelchairs/ Knee Walker, lifts  
\$25 any wheelchair accessories  
\$200 Semi-Electric Hospital Bed  
\$75 Half Bed Rails- pair/side rails  
\$1000 Power wheelchair and scooter

*Credit card is required for deposit and will be charged full price to replace in the event customer fails to return or damages the equipment.*

**DELIVERY FEES ONE WAY R&M Business Hours: Mon-Fri 8:30am-4:30pm**

*Delivery fee & pick up fee are separate and charged as per below ZONE area:*

**Zone 1 (\$35) - up to 15 miles from our warehouse**

**Zone 2 (\$50) - within 16-29 miles from our warehouse**

**Zone 3 (\$100) - beyond 30+ miles from our warehouse**

*\*RUSH deliveries (anything under 2 hours) notice we will double delivery fee*

*\*Resort delivery - regular delivery fee/zone plus additional charge of \$25*

*\*1.5 delivery fee for items requiring 2 employees (i.e lifting of heavy equipment via stairs)*

*\*Option to pick up and drop off equipment to our warehouse during designated regular business hours window (M-F 9am-4pm) is available- No Charge*

**Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_**

**Equipment Rental #: \_\_\_\_\_**

**Comments: \_\_\_\_\_**

**TOTAL: See above for details Responsible Party Initials\_\_\_\_\_**

Please complete Rental Form in full and submit to the following emails address for processing:  
 info@rnmreyes.com  
 You will be contacted within 2 business days.

Last Updated: Oct 2021