

Ed's Pharmacy
GENERAL RENTAL AGREEMENT

DATE _____

Name _____

Address _____

PHONE NUMBER (____) _____ (____) _____

Drivers License # _____

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\$ _____ DEPOSIT

___ Check

___ Cash

___ Credit

___ Wheelchairs \$450.00 deposit	\$10.00 PER DAY 50.00 PER WEEK 120.00 PER MONTH
___ Leg Rest \$50.00 deposit	\$10.00 PER WEEK 30.00 PER MONTH
___ Walkers \$125.00 deposit	\$25.00 PER WEEK 60.00 PER MONTH
___ Crutches \$60.00 deposit	\$15.00 PER WEEK

Rental Amount Paid at time of agreement: _____

Renters Signature: _____

By signing above, the renter agrees to the above terms and will promptly make any outstanding payments when contacted by a pharmacy agent. If account is unsettled six months after rental date, the pharmacy holds the right to make collections on deposits.

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