



Short Term Rental Agreement

Date: _____

Renter's Name: _____

Renter's Address: _____

Telephone: _____

Item(s) Rent:

Control Number:

DAY WEEK MONTH

Return Due: _____

Item (s) Rent:

Control Number:

DAY WEEK MONTH

Return Due: _____

Item(s) Rent:

Control Number:

DAY WEEK MONTH

Return Due: _____

A payment in the form of credit card in the amount of _____ will be retained by Ed Medical Inc until the equipment is returned in acceptable condition.

This credit card number will be retailed and run after 30 days if the product(s) is not returned.

Credit Card Type _____

Credit Card Number _____

Expiration Date _____ **CVV** _____

The undersigned acknowledges that title to the equipment (listed above) is and shall remain the property of Ed Medical Inc. Use of said equipment is restricted to that of the manufacturers intended use and in accordance with physicians directions. Customer agrees that equipment is received in good condition and agrees to take reasonable care in its use. Customer agrees that this is short-term rental and that charges will not be filled with insurance. Customer agrees to accept all cost for recovery of equipment not returned, including but not limited to any legal fees, which may arise. Ed Medical shall not be responsible for any damage relating to the equipment.

Signature _____ **Date** _____