

RENTAL AGREEMENT

Customer agrees to return equipment clean and in acceptable condition as when first rented.

Customer agrees to pay monthly charges IN ADVANCE with cash, check, or credit card on file.

Customer is responsible for replacement cost of damaged, missing, loss, theft, or permanently stained rental equipment. If equipment cannot be repaired, customer is responsible for a reasonable cost of replacing the equipment. After equipment is returned, inspected, tested, customer will be charged for any broken parts, missing parts, and labor to fix.

Customer will bring equipment back to company for maintenance and/or service. A service fee may be applied if customer wants the company to come to their location. The company will not be liable for any damages resulting from any delay in the equipment or any delay in the performance of any maintenance.

Customer will not open the equipment electronics, enclosure housing, alter, make any attachments, or permit the alteration of the equipment without prior written approval of company

Customer under no circumstances will be granted credit or unused time for early return of equipment.

Customer will only permit qualified persons to use and operate the equipment.

Customer is liable for all incidents, injuries, damages, negligence, willful misconduct, and any legal expenses that may arise from using the equipment.

CREDIT CARD RECURRING AUTOPAY AND RENTAL AGREEMENT

I authorize Knight Medical Supply to charge my credit card for any rentals and/or purchases on my account. I will be responsible for payments that are charged to my account. This also includes co-payments, deductibles, and any other third party refused to pay.

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		RENTING:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly
Card Number:	_____			EXP: _____	CVV: _____
Cardholder's Name:	_____				
Card Billing Address:	_____				
City:	_____	State:	_____	Zip:	_____
E-Mail: _____					

I understand that if my insurance company, employer, or any other third-party payer refuses to pay, delays payment beyond 60 days, or having no insurance coverage, that I will be responsible and authorize the above-named company to charge my credit card for payment of services rendered. I agree to notify the company at least 15 days prior to the next billing date if any changes. If the company is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I return any rental equipment, account has been paid in full and/or notify the company otherwise in writing.

I understand and accept that if I have an unpaid balance and do not make acceptable payment arrangements to bring my account current, my account will be placed with an external collection agency. I further understand I will reimburse the fees of any collection agency, which may be based on a percentage at a maximum of 35% of the debt, and all costs and expenses, including reasonable attorney's fees.

I authorized the company to contact me via current and any future cellular phone number(s), text(s), email address(es) or wireless device(s) regarding my delinquent account(s) I owe. I authorize the company and its agents, representatives, and attorneys (including collection agencies) to use automated telephone dialing equipment, recorded voice message(s) or text message(s), email(s), and personal call(s), in their effort to contact me for purposes of collecting any portion of my account financial obligation which is past due. Furthermore, I understand I may withdraw my consent to call my cellular phone by submitting my request in writing to the above company or its agents.

SIGNATURE: _____ DATE: _____