



Rental Date: \_\_\_\_\_ Through: \_\_\_\_\_

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Amount: \_\_\_\_\_

Credit Card Information on file: Yes \_\_\_\_\_ No \_\_\_\_\_

All Crutches are cleaned, tested, and ready to perform prior to rental date. If the rental Crutches is defected during the lease time the renter is subject to pay for the repair or replacement depending on the amount of damage. The renter is responsible to call Hygeia Medical a week prior to the end of the agreement for any extension or their credit card will be charged automatically for another month (nonrefundable).

Manager's Signature:

\_\_\_\_\_

Beneficiary's Signature:

\_\_\_\_\_

