

Simpson Medical Equipment Inc.

4017 W Highway 70, Durant, OK 74701-4591, USA

Phone: +1 (208) 783-9802 Fax: +1 (208) 783-9803 Email: info@smequip.com

Equipment Rental Agreement

Please print clearly. If you have questions, call our office during business hours.

Renter Name _____

Phone Number _____

Delivery Address _____

Equipment Rented (make/model) _____

Rental Start Date _____

Expected End Date _____

Key Terms (summary)

Renter agrees to use the equipment safely and as instructed. Equipment must be kept clean and protected from damage. Renter is responsible for loss or damage beyond normal wear. Rental fees are due as agreed, and equipment must be returned promptly at end of rental period. For repairs, contact Simpson Medical Equipment Inc. Do not attempt unauthorized modifications.

Patient/Authorized Representative Signature _____

Date _____