

East Lake Pharmacy
1861 Meadowbrook Drive SE, Airdrie, Alberta, T4A 1V3
Ph: (403) 948-4200, Fax: (403) 948-0555
www.hcpharmagroup.com

Rental Agreement

Equipment is hereby rented by the customer noted below from **East Lake Pharmacy**, 1861 Meadowbrook Drive SE, Airdrie, Alberta, T4A 1V3, at the rates listed on our Equipment Rental Prices sheet. Prices may be obtained by customers from East Lake Pharmacy on **(403) 948-4200**. Such equipment will remain on rent until returned to **East Lake Pharmacy** or upon notification from customer of the desire to purchase.

Equipment rented remains the property of **East Lake Pharmacy**.

Customer may purchase rental equipment from **East Lake Pharmacy** prices.

Rental equipment is received in good condition and customer agrees to notify **East Lake Pharmacy**, pay any maintenance or service becomes necessary.

All rental chargers, transportation charges on shipments to and from out of town customers, special service charges and other charges to be paid by the customer are due upon delivery. If payments are not in accordance with the equipments conditions of this invoice, **East Lake Pharmacy** may take possession of such equipment without notice.

East Lake Pharmacy will not be responsible for any injury or damage resulting from the use of this equipment.

Customer will be responsible for any loss or damage to rental equipment from fire, theft, carelessness or any change than reasonable wear and tear.

Customer will not move any equipment without permission from **East Lake Pharmacy**.

We strive to give efficient, friendly service. Please contact us with any question, concerns or problems.

Date: ____ / ____ / 20____ Name: _____
Address: _____ Apt#: _____
City: _____ Province: _____ Postal Code: _____
Telephone: (____) ____ - ____ Alternate Phone Number: (____) ____ - ____
Fax: (____) ____ - ____ Email Address: _____

Return Date: ____ / ____ / 20____

Equipment Rented

_____ @ \$ ____ per ____
_____ @ \$ ____ per ____
_____ @ \$ ____ per ____
_____ @ \$ ____ per ____
_____ @ \$ ____ per ____

Inspected on rental by: _____

Inspected on rental by: _____

Circle Method of Payment

Cash/Debit/Visa/Master Card/Cheque

Credit Card Number: _____ - _____ - _____ - _____

Expire Date: ____ / ____ / ____

Signature: _____

Deposit Amount: \$ _____