

Okotoks HC Pharmacy  
74 Elizabeth Street, Okotoks, Alberta, T1S 1B6 Box: 1787  
Ph: (403) 995-1080, Fax: (403) 995-9543  
www.hcpharmagroup.com

### Rental Agreement

Equipment is hereby rented by the customer noted below from **Okotoks HC Pharmacy**, 74 Elizabeth Street, Okotoks, Alberta, T1S 1B6 Box: 1787, at the rates listed on our Equipment Rental Prices sheet. Prices may be obtained by customers from Okotoks HC Pharmacy on **(403) 995-1080**. Such equipment will remain on rent until returned to **Okotoks HC Pharmacy** or upon notification from customer of the desire to purchase.

Equipment rented remains the property of **Okotoks HC Pharmacy**.

Customer may purchase rental equipment from **Okotoks HC Pharmacy** prices.

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

All rental charges, 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, **Okotoks HC Pharmacy** may take possession of such equipment without notice.

**Okotoks HC 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 **Okotoks HC 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: \$ \_\_\_\_\_