

**RENTAL AGREEMENT TERMS – ALL STAR MEDICAL LLC.**

3520 CENTRAL PIKE, HERMITAGE, TN 37076  
Office 615-730-9438 or Fax 615-730-9462

Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_

User Height: \_\_\_\_\_ User Weight: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Address, City, St, Zip Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Circle Type: Visa M/C Discover AMEX

Exp. Date: \_\_\_\_\_ CVC# \_\_\_\_\_ Zip Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_

**\*\*MAKE A PHOTOCOPY OF DRIVER'S LICENSE PLEASE\*\***

Rental Start Date: \_\_\_\_\_ Rental End Date: \_\_\_\_\_ Rental Period: \_\_\_\_\_

Delivery / Installation / Uninstall fees are **NON-REFUNDABLE.** Initial \_\_\_\_\_

**PLEASE READ BEFORE SIGNING:**

**Terms:** All equipment has a “**minimum**” term in which it may be rented, and may vary depending on the item. In order to guarantee reservation full payment of rental will be due up front. The reservation payment is refundable with a minimum of notice of cancellation within (5) business days of the rental agreement start date.

**Auto Renewal Example:** You rent a knee walker for (4) weeks at \$80 (May 3<sup>rd</sup>. 2015 thru June 3<sup>rd</sup>. 2015). At the end of business on June 3<sup>rd</sup>, 2015 the agreement will automatically renew unless the equipment is returned prior close of business. Rental of equipment starts the day the equipment is received in home or is picked up and stops when the equipment is returned or picked up.

**EARLY RETURNS WILL NOT BE PRORATED.** Initial \_\_\_\_\_

The Customer is responsible for replacement costs of damaged, missing or permanently stained rental equipment. In the event ALL STAR MEDICAL, LLC. institutes legal proceedings to recover missing property or damages arising from the contract, All Star Medical LLC will be able to recover Legal Fees along with any additional costs to damaged equipment. If the equipment is returned damaged, and cannot be repaired, the customer will be notified and will be responsible for the designated replacement cost of the Equipment. In addition, customer agrees to place a valid credit card on file with All Star Medical LLC in order to cover said damages, incidentals, fees or rental renewals.

Initial \_\_\_\_\_

**LESSOR MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, AS TO THE EQUIPMENT'S MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE.**

**Limitation of Liability and Indemnity:** In no event will ALL STAR MEDICAL, LLC be liable to the Customer for any incident or injury, indirect or consequential damages however caused, whether by negligence or otherwise.

**Indemnity –** The Customer agrees to protect, indemnify and hold harmless ALL STAR MEDICAL, LLC. From and against all claims, damages and costs including legal expenses arising out of Customer's use of the equipment.

I agree that I have been instructed on how to use the equipment and take full responsibility for the proper use and care of the equipment during the rental period so that it is returned in the same condition as when received.

I fully understand that I am responsible for any and all damages and repair costs that may arise from use of the equipment being rented by me.

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer's Pick Up Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## RENTAL RATES 2017 -- 2018

ALL DELIVERY FEES ARE \$75 UNLESS NOTED DIFFERENTLY ON ITEMS BELOW. DELIVERY DISTANCE MAY AFFECT DELIVERY FEE.

SCOOTER / HD SCOOTER		POWER WHEELCHAIR		HD POWERCHAIR*		STD / HD WHEELCHAIR	
1 DAY	\$45 / \$65	1 DAY	\$50	1 DAY	\$75	1 DAY	\$25 / \$35
2 DAYS	\$90 / \$130	2 DAYS	\$100	2 DAYS	\$150	2 DAYS	\$35 / \$45
1 WEEK	\$140 / \$180	1 WEEK	\$140	1 WEEK	\$230	3 DAYS	\$45 / \$55
2 WEEKS	\$190 / \$230	2 WEEKS	\$190	2 WEEKS	\$305	2 WEEKS	\$60 / \$70
3 WEEKS	\$240 / \$280	3 WEEKS	\$240	4 WEEKS	\$455	4 WEEKS	\$80 / \$110
4 WEEKS	\$290 / \$330	4 WEEKS	\$290	* <b>\$75 DELIVERY / PICKUP FEE</b>		6 WEEKS	\$125 / \$140
5 WEEKS	\$340 / \$380	5 WEEKS	\$340	<b>WALKER / ROLLATOR</b>		8 WEEKS	\$150 / \$180
6 WEEKS	\$390 / \$440	6 WEEKS	\$390	1 DAY	\$15	<b>CRUTCHES</b>	
7 WEEKS	\$440 / \$490	7 WEEKS	\$440	2 DAYS	\$30	2 WEEKS	\$30
8 WEEKS	\$490 / \$540	8 WEEKS	\$490	3 DAYS	\$45	4 WEEKS	\$45
9 WEEKS	\$540 / \$590	9 WEEKS	\$540	1 WEEK	\$55		
10 WEEKS	\$590 / \$640	10 WEEKS	\$590	2 WEEKS	\$65		

\*\* call for pricing on 500 lb wt. cap. scooter

LIFT CHAIR*		ULTIMATE SLEEP CHAIR*		HOSPITAL BED*		BARIATRIC HOSPITAL BED*	
2 WEEKS	\$150	2 WEEKS	\$250	2 WEEKS	\$125	2 WEEKS	\$250
3 WEEKS	\$200	3 WEEKS	\$325	3 WEEKS	\$150	4 WEEKS	\$450
4 WEEKS	\$250	4 WEEKS	\$400	4 WEEKS	\$175	8 WEEKS	\$900
5 WEEKS	\$300	5 WEEKS	\$475	5 WEEKS	\$200	12 WEEKS	\$1,350
6 WEEKS	\$350	6 WEEKS	\$550	6 WEEKS	\$225	* <b>\$150 DELIVERY / PICKUP FEE</b>	
7 WEEKS	\$400	7 WEEKS	\$625	7 WEEKS	\$250	<b>HOYER LIFT</b>	
8 WEEKS	\$450	8 WEEKS	\$700	8 WEEKS	\$275	2 WEEKS	\$75
9 WEEKS	\$500	9 WEEKS	\$775	9 WEEKS	\$300	4 WEEKS	\$125
10 WEEKS	\$550	10 WEEKS	\$850	10 WEEKS	\$325	4.5 WEEKS	\$200
* <b>\$100 DELIVERY / PICKUP FEE</b>		* <b>\$125 DELIVERY / PICKUP FEE</b>		* <b>\$125 DELIVERY / PICKUP FEE</b>		8 WEEKS	\$250

KNEE WALKER		DEROYAL COLD THERAPY		STAIR LIFT		3-8 FT SINGLE/MULTI RAMP	
2 WEEKS	\$60	1 WEEK	\$85	3 MONTHS AT \$270 A MONTH		2 DAYS	\$45
3 WEEKS	\$70	2 WEEKS	\$100	5 MONTHS AT \$200 A MONTH		1 WEEK	\$75
4 WEEKS	\$80	3 WEEKS	\$115	**ONE TIME INSTALL		2 WEEKS	\$95
5 WEEKS	\$100	4 WEEKS	\$130	AND UNINSTALL \$600		4 WEEKS	\$125
6 WEEKS	\$120	5 WEEKS	\$145	AFTER RENTAL PERIOD		8 WEEKS	\$205
7 WEEKS	\$140	BUY IT NOW	\$240	3 OPTIONS:		12 WEEKS	\$285
8 WEEKS	\$160			1. RENT @ \$125 MONTH		16 WEEKS	\$365
9 WEEKS	\$180	<b>BEDSIDE COMMODE</b>		2. PAID RENTAL FEES			
10 WEEKS	\$200	1 WEEK	\$25	APPLY TOWARD PURCHASE			
<b>SAUNDERS CERVICAL</b>		2 WEEKS	\$50	PRICE OF \$3000 + TAX			
2 WEEKS	\$75	BUY IT NOW	\$69.95	3. WE UNINSTALL THE LIFT			
4 WEEKS	\$140			** <b>NON-REFUNDABLE</b>			

### MODULAR RAMP RENTAL

\$15 A LINEAR FOOT X LENGTH = _____	A MONTH	CUSTOMER INITIAL _____
INSTALL / UNINSTALL FEE ( <b>NON-REFUNDABLE</b> ) = _____		CUSTOMER INITIAL _____

\*\*\*IN STORE PICKUP IS FREE FOR ALL ITEMS EXCEPT STAIRLIFTS, ELECTRIC HOSPITAL BEDS, MODULAR RAMPS, ULTIMATE SLEEP CHAIRS AND HD POWER WHEELCHAIR RENTALS. THE EXCEPTION ITEMS MUST BE DELIVERED.\*\*\*

**ITEM BEING RESERVED      LENGTH OF TIME NEEDED**