

A Leg Up

3248 Briggs Ave B
Alameda, California 94501
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CUSTOMER RENTAL AGREEMENT

PLEASE PRINT CLEARLY

Patient Name: _____ Rental Start Date: _____

Billing Address: _____

City/State/Zip: _____

Delivery Address: _____

City/State/Zip: _____

Phone:(Home) _____ (Cell) _____

Patient's Doctor: _____

Rental Rate: \$35/week with a four-week minimum (\$140.00). No deposit required when paying with a credit or debit card. **Delivery is \$45 (includes drop-off and pick-up).**

_____ Total amount (to be paid in advance) is \$185.00. For rentals exceeding initial rental term paid, I understand and accept that additional charges of \$35/week will be applied to my card. (Please initial.)

_____ I understand and accept these terms including the rental and delivery costs. **I also understand that it is my responsibility to call A Leg Up and schedule a return of the scooter, when I no longer need it.** (Please initial.)

_____ I also understand that it is my responsibility to follow the manufacturer's instructions for operation and safety of the knee scooter, and to use common sense in operating it. Children will not be allowed to use the product (unless the child is the patient and has been trained to use the scooter properly). A Leg Up Bay Area assumes no liability for any injury or damages arising from the use or misuse of this product. If I have questions, or if the scooter is not operating properly, I will contact A Leg Up (510-523-4143) for advice and assistance. (Please initial.)

First rental period ends: _____ **Your Email:** _____

Signature: _____ Date: _____