## **Hire Request Form**

PH: 03 9	equest F  9796 3399 FX: 03 9796 33  hab.com.au www.lindsreh	13	4	
<b>Assessor Details</b>		Date:	I INIDC®	
Name:			REHABILITATION	
Position:		<b>Client Details</b>	EQUIPMENT	
Employer:		First Name:		
Phone: W M	1	Surname:		
Fax:		Address:		
Email:				
Invoice Details		Phone:		
Order No:		Delivery Details		
Organisation:	n:		Name:	
Attention:	·	Address:		
Address:	-			
		Phone:		
Phone:		Alternative Contact Nam	e:	
Fax:		Alternative Phone:		
Details Of	Equipment R	equired For Hi	re	
Approx. Number of Weeks:		Notes:		
From:	Till:			
Seat Width (cm)	Seat Depth (cm)			
Type of Equipment:				
Manual Wheelchair -				
Power Wheelchair -				
Tilt Controls:				
Recline				
Cushion - Type Preferred				
Backrest - Type Preferred				
Elevating Legrest/s - L or R				
Other				

## **Terms & Conditions**

- Pickup and delivery charges apply.
- ➤ All repairs/services to hire equipment must be carried out by Linds. Please note: For any repairs/services to hire equipment the client or funding body that is paying for the hire will be held accountable for any incurred costs.
- ➤ Minimum hire charge is 1 week. The rental period commences the day the equipment is delivered and finishes on the requested completion date.
- ➤ Linds require full payment of the hire deposit & the 1st week hire charge, on all privately funded hire equipment prior to delivery.
- ➤ Products Makes & Models may vary from those pictured on our website if the stock is unavailable we reserve the right to offer a functionally similar product.
- ➤ If Equipment is returned in an unclean or damaged condition, the client or funding body that is paying for the hire will be held accountable for any incurred costs.
- ➤ Linds Rehabilitation Equipment will accept no responsibility for any injury or damage sustained by the client through the use of any equipment hired from Linds Rehabilitation Equipment.

l,	accept the above hire terms and conditions and
understand that the hire	equipment listed remains the property of Linds
Rehabilitation Equipment	t.

Signature:	Date:
<del></del>	



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Over 50 years of caring...