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Hire Equipment Agreement Form

Invoice To:

Name: _____ Hire Agreement No: _____

Address: _____

Ph: _____ Mob: _____ Email: _____

License No/ID: _____ Expiry Date: _____

DELIVER TO:

Name: _____

Address: _____

Ph: _____ Mob: _____ Email: _____

Equipment hired: _____

Item: _____ Asset No: _____ Weekly Rate: \$ _____

Item: _____ Asset No: _____ Weekly Rate: \$ _____

Item: _____ Asset No: _____ Weekly Rate: \$ _____

Item: _____ Asset No: _____ Weekly Rate: \$ _____

Approx. Hire Period (If Known): ____/____/____ ----- ____/____/____

Scheduled Delivery Date: ____/____/____

Delivery: \$ _____ Pickup: \$ _____ Deposit: \$ _____ Total of 1st Invoice \$ _____

**** Please Note: Linds Policy Requires Payment of 1st Invoice Prior To Delivery ****
(1st Invoice includes: 1st Week Hire, Delivery Fee & Deposit)

I _____ understand that the equipment hired and listed above remains the property of Linds Rehabilitation Equipment. I also agree that Linds Rehabilitation Equipment will accept no responsibility for any injury or damage sustained by me through the use of any equipment hired from Linds Rehabilitation Equipment. If extension of the hire term is required, prior approval must be obtained from Linds Rehabilitation Equipment. At the end of the hire period I undertake to return all equipment in good working condition and agree to pay for any damage caused while equipment is on hire other than what would be considered as normal wear and tear.

The hire period is the time that goods are out, not time used. Minimum chargeable period is one week and part thereof will be regarded as a full week.

Customers Name: _____ Signature: _____

Linds Representative: _____ Date: _____

Over 45 years of caring...