

**OPEN TILL 10pm**



# ACKERMANS PHARMACY/APTEEK

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**No: 0001**

## RENTAL AGREEMENT

PLEASE MARK ITEM AND QUANTITY YOU WISH TO HIRE:

COMMODE	<input type="text"/>	OXYGEN CYLINDER	<input type="text"/>
CRUTCHES	<input type="text"/>	OXYGEN GAUGE	<input type="text"/>
WHEELCHAIR	<input type="text"/>	PORTABLE CONCENTRATOR	<input type="text"/>
HUMIDIFIER	<input type="text"/>	WALKER	<input type="text"/>
NEBULISER	<input type="text"/>	WHEELCHAIR	<input type="text"/>
CONCENTRATOR	<input type="text"/>	OTHER	<input type="text"/>

Date Hired: 201 / /

Deposit Paid: R \_\_\_\_\_ Receipt No: \_\_\_\_\_

1<sup>st</sup> Months Rent Paid: R \_\_\_\_\_ Receipt No: \_\_\_\_\_

DETAILS OF THE PERSON RESPONSIBLE FOR ACCOUNT PAYMENT:

Mr  Mrs  Miss  Other

Full Names \_\_\_\_\_

Surname \_\_\_\_\_

Identification / Passport number \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address \_\_\_\_\_

Telephone Number (W) \_\_\_\_\_ (H) \_\_\_\_\_

(Cell) \_\_\_\_\_ (F) \_\_\_\_\_

E-mail Address \_\_\_\_\_

NEXT OF KIN (PERSON NOT LIVING WITH YOU):

Full Names & Surname \_\_\_\_\_

Relationship \_\_\_\_\_

Residential Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Applicant Signature:

Ackermans Representative Name & Signature

Tick here to indicate that you have read, understood and agree to the terms presented in the Terms and Conditions Agreement on next page.

\*\*\*\*\* Please see Terms & Conditions on next page \*\*\*\*\*

### Terms & Conditions:

**The following documentation must be attached in order for the application to be processed :**

Proof of Address ex: Utility bill (Not older than 3 months)

I.D. Book, Passport or driver's license (no copies will be accepted a copy will be made in store)

The rental period works as a 30 (thirty) day cycle. First time rentals require a full month's rental plus the full deposit. Should the rented equipment be returned before 30 (thirty) days has lapsed, a pro rata amount will be refunded. The amount refundable will be calculated as follow, Days 0-10, days 11-20 and days 21-30.

The equipment rented remains the property of Ackermans Pharmacy, and we may without any prior notice retrieve the equipment even if all amounts due have been paid. If the rental for the equipment has been paid in full, upon retrieving it before next due date, the pro rata amount will be refunded.

With every new month's rental due, the payment for the next 30 (thirty) days must be paid within 7 (seven) days from the due date. Failure to comply with this will result in your account being handed over for debt collection.

Loss, theft or damage to any equipment will be charged for in full and will be the responsibility of the renter to pay.

All batteries supplied with equipment must be kept charged at all times. Batteries kept uncharged will result in battery cell damage and will be the responsibility of the renter to pay.

Deposit refunds on all items will not be refunded the same day the product is returned. The product will undergo a thorough inspection and within 72 hours should the product be declared free of any faults, will the deposit be refunded via EFT .

Accepting this rental agreement you are agreeing to uphold the guidelines as well as accepting the Terms & Conditions as stipulated

No Terminations will be processed unless rental document is provided.

Rental Equipment may not be purchased. Should you choose to take ownership of rental equipment, the rental agreement will be terminated and new equipment and credit agreement will be provided.