

Horizon Medical Equipment

2236 W. Holcombe Blvd Houston, TX 77030

Ph: 713-839-1420 Fx: 713-839-1443

Rental Intake Form

Equipment Needed : Walker Wheelchair Transport Chair Scooter Power Wheelchair
 Knee Walker Lift Chair

Number of Units Needed: _____ Expected Length of Need: 1 wk 2 wk 1 month

Delivery date: _____ Time: _____ Pickup date: _____ Time: _____

Customer Name/Group Name _____

Contact Name _____

Phone # _____ Alt # _____

Delivery Address or Hotel _____

Please list the Height and Weight of each individual using the equipment requested above:

Name: _____ Height _____ Weight _____

Name: _____ Height _____ Weight _____

Name: _____ Height _____ Weight _____

Name: _____ Height _____ Weight _____

Name: _____ Height _____ Weight _____

Name: _____ Height _____ Weight _____

Name: _____ Height _____ Weight _____

Name: _____ Height _____ Weight _____

For Internal Use:

Billing Info: Credit Card Type _____ Card # _____

Exp Date _____ CVC _____ Billing Zip Code _____

I agree to the rental terms and conditions set forth by Horizon Medical Equipment. I agree to pay the charges for the rental equipment I am requesting. I understand that if I am requesting delivery be made to a hotel I agree to save and hold harmless Horizon Medical Equipment from any liability of mishandling of the equipment by hotel staff and Horizon Medical Equipment will, upon delivery to hotel, receive signature of hotel staff that will serve as delivery notification in lieu of my signature.

Signature _____ Date _____

For an Electronic Signature Type Name and Date of Birth on Signature Line -you agree that this will serve as your legal and binding signature for the terms above.

You may fax the completed form securely to 713-839-1443 or email securely to rentals@horizonmedicalequipment.net You will receive a confirmation within 24 hours. If you are requesting same day rental and delivery it is best to call 713-839-1420 to verify availability of equipment and delivery time.