



# LIONS DENTAL SUPPLY

16007 Jordana Circle Riverside, Ca 92503

TEL: (951) 276-3225 FAX: (866) 889-4748

## Rental Agreement

I hereby understand the rental agreement and hold myself or the company I represent responsible to the terms and conditions stated in this agreement and the general terms of Lions Dental Supply as stated on the web site.

1) All rentals are charged the regular sale price as deposit and 1 weeks rental. When the equipment is returned we will calculate the weeks rented and subtract it away from the deposit, any amount left over will be refunded. You will be charged for each week you rent the equipment. You also agree to pay for any damage that might have occurred while being rented and any missing pieces.

RENTED EQUIPMENT \_\_\_\_\_ WEEKLY RATE \_\_\_\_\_ CONDITION *new / good / fair*

2) The equipment must be returned in the same fashion as it was delivered. Including the original box & Packaging.

3) If the equipment is damaged it is sold to you at the regular price at the time of rental. Unless the damaged parts can be replaced. then you will be responsible just for the damaged parts and any labor to repair the unit.

4) The maximum amount of time I can rent the units is 9 weeks. If I need to rent for a longer period of time , before the 9 week limit I need to re-rent the unit. I understand I would have to pay an additional deposit as the original deposit would have been used up.

5) I understand I am responsible for shipping the rented equipment back and for the shipping fees. I may ask Lions Dental Supply to arrange the shipping back to them as a convenience but I will still be responsible for the cost of shipping.

6) I agree to all terms and conditions and to the General terms and conditions of Lions Dental Supply which are listed on the web site.

Sign \_\_\_\_\_

Date \_\_\_\_\_

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suite: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_