

DISCOUNT MOBILITY USA, INC.

6307 Hansel Avenue * Orlando, Florida 32809

Telephone: (407) 438-8010 * Fax: (407) 447-5312 * Toll Free: (800) 308-2503

DURABLE MEDICAL EQUIPMENT RENTAL FORM

Date: _____

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone: _____

Cell: _____

Fax: _____

Height: _____

Weight: _____

Walking Ability: (~~Steady~~ ~~Unsteady~~)

Equipment Needed: _____

FOR HOTELS, RESORTS, VILLAS, CAM PGROUNDS ETC.:

Arrival Date & Time: _____ Departure Date & Time: _____

Destination: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

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Terms and Conditions of Rental

1. Discount Mobility USA, Inc. requires payment with a credit card number.
2. **WE BILL 15 TO 30 DAYS PRIOR TO YOUR ARRIVAL.**
3. Cardholder is responsible for the safe operation of the equipment, its security and for any and all damage or loss.
4. The cardholder will ensure that all rented equipment is returned on the dates agreed to. If the equipment is not returned, I understand that I will be charged the full retail price for its replacement.
5. **Cancellation Policy and Refunds:**
If booking is cancelled prior to 7 days before arrival date – U.S. \$50.00 cancellation fee
If booking is cancelled within 7 days of arrival date – Non Refundable and the charge
Will be held as a credit toward a future rental.

Signed: _____ Date: _____

1. The rental equipment will be delivered to the hotel/resort/villa.
2. If a change in date & time of departure is needed our office must be contacted.
3. If no call is received and the office sends an employee to pick up the equipment and the equipment is not available. The cardholder will be charged \$25.00 plus tax to the credit card provided, for the drivers return trip to pick up the equipment.

I have read and understand the terms and conditions of Discount Mobility USA, Inc. and Agree with them completely.

I agree to pay the full amount indicated on this form.

SIGNED: _____ DATE: _____

THE RENTAL WILL BE CHARGED 15 TO 30 DAYS PRIOR TO ARRIVAL DATE

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CREDIT CARD AUTHORIZATION AMERICAN EXPRESS - MASTERCARD – VISA – DISCOVER

Date: _____

Rental Amount: \$ _____

Equipment Rented: _____

Serial Number (*for office use*): _____

Name on Credit Card: _____ Card Type: _____

Credit Card Number: _____ Expiration Date: _____

Visa – MasterCard – Discover: List the 3 digits after the account # on back of card: _____

American Express: List the 4 digits on the front side: _____

Signature As It Appears on the Credit Card: _____

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I _____, certify that I am the lawful user of the above credit card. I hereby authorize Discount Mobility USA, Inc./Medical Travel, Inc. and/or its agents to charge my credit card for all of the services that I am obtaining from Discount Mobility USA, Inc./Medical Travel, Inc. for oxygen, durable medical equipment (DME), accessible vans, etc. for my specific travel dates of: _____ to _____. I fully acknowledge and agree that I am financially responsible for all of Discount Mobility USA, Inc./Medical Travel, Inc. and/or its agents fees for all but not limited to services, equipment etc. that are/were rendered to me during this travel, including charges to my credit card after my return for services rented or purchased in addition to the original order and/or in the event that my credit card was not charged the balance of fees owed and I acknowledge that I am financially responsible for all equipment that was not returned. I fully acknowledge and understand that medical oxygen is a "controlled drug" that is only available by a written prescription and cannot be returned under any circumstances for a refund, credit, exchange or other purpose under United States and International Law. I fully acknowledge that all of Discount Mobility USA, Inc. /Medical Travel, Inc. fees for arranging my services are not refundable under any circumstances once the order has been placed. All fees are payable in U.S. dollars only. All charges are final. I further agree to hold harmless Discount Mobility USA, Inc./Medical Travel, Inc., their officers, directors employees, owners and/or agents from any and all liability for but not limited to any charges, security deposits etc. that are not refundable as a result of but not limited to lost equipment, stolen equipment, war, civil unrest, martial law, natural disaster, act or acts of terrorism, act of God or cancellation once the payment for the services has been made to Discount Mobility USA, Inc./Medical Travel, Inc. and/or its agents. I fully acknowledge that I am signing this credit card authorization OUTSIDE OF THE RULES AND REGULATIONS OF MY CREDIT CARD COMPANY REFERENCED ABOVE BECAUSE AN IMPRINT OF MY CREDIT CARD AND/OR MY SIGNATURE IS NOT POSSIBLE TO FACILITATE THIS TRANSACTION. I fully acknowledge that without this credit card authorization the products, services and equipment that I require for my life support will not be delivered. I fully acknowledge that Discount Mobility USA, Inc. /Medical Travel, Inc. do not accept Medicare/Medicaid or other insurance assignment and does not file any claims for any insurance reimbursement. Any and all cost of collection including reasonable attorney fees shall be paid by the client/patient. Your credit card number/information must be on file for all transactions.

SIGNATURE OF CARDHOLDER:

DATE: _____