

EQUIPMENT HIRE APPLICATION FORM

SECTION 1/ APPLICANT DETAILS

Renter's Full Name:		DOB:
Existing Patient status (please circle): <i>The Cottage Medical Centre</i> <i>Myers St Family Medical Practice</i> <i>New Patient</i>		
Current address:		Suburb:
Postcode:	Email:	
Phone (h):	Phone(m):	Phone(w):
Driver's License Number:	NB: Please provide driver's license and credit card to be copied and attached to application	
For Delivery, do you have: a) Stairs b) 2 nd Storey c) Narrow Door/Entryway (less than 820mm wide)		
How did you find out about our Hire Program? (Please list):		

SECTION 2/ SECONDARY CONTACT

Name:	Relationship:	Phone:
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SECTION 3/ HIRE PACKAGE TYPE

Equipment Type (Please tick)	Monthly ^o (Please tick)	Rent to Buy* (Please tick)
<input type="checkbox"/> Treadmill (0.8km – 16km per hour) Base/Walking	\$75 p/m <input type="checkbox"/>	\$70 p/m <input type="checkbox"/>
<input type="checkbox"/> Treadmill (0.8 km – 16/18km per hour) Mid/Jogging/Run	\$85 p/m <input type="checkbox"/>	\$90 p/m <input type="checkbox"/>
<input type="checkbox"/> Treadmill (0.8 km – 18km per hour) Deluxe/Running	\$95 p/m <input type="checkbox"/>	\$95 p/m <input type="checkbox"/>
<input type="checkbox"/> Exercise/Fitness Bike (Self generating)	\$50 p/m <input type="checkbox"/>	\$45 p/m <input type="checkbox"/>
<input type="checkbox"/> Rower (Self generating)	\$45 p/m <input type="checkbox"/>	\$40 p/m <input type="checkbox"/>
<input type="checkbox"/> Elliptical/Cross Trainer (Self generating)	\$60 p/m <input type="checkbox"/>	\$60 p/m <input type="checkbox"/>

*Rent to Buy contract continuous over 24 monthly payments, equipment is clients to keep after final payment. Until final payment received equipment remains the property of The Cottage Medical Centre Pty Ltd

^o All monthly equipment hire a *two month minimum*

SECTION 4/ PAYMENT SUMMARY

My above selection equates to a **monthly** fee of \$_____ (includes GST), starting from : / /2017

Delivery is Available on request (at a cost of \$30): \$_____

I have opted to pay my contract: Direct Debit with  (See over for T & C's) Upfront Payment
(Please Circle)

SECTION 5/ MEMBERS DECLARATION & SIGNATURE

I authorize that the information provided on this form is truthful & accurate to the best of my knowledge. I understand and have been provided with the Equipment Hire terms & conditions and User Safety Guidelines & Tips and have nominated and provided an ongoing payment solution for the fees associated with my chosen Hire Package Type. I also understand that any cancellation of my chosen agreement will require 30 days' notice from the last scheduled payment. Before signing this document, I have read, understand and hereby agree to the terms and conditions of Hire as set out in the terms & conditions pages attached and know that it affects my legal rights. If choosing the Ezidebit payment option I also agree to the terms & conditions provided to me and as set out by Ezidebit and understand that my Hire Agreement can be cancelled by The Cottage Medical Centre Pty Ltd should I breach the use or payment conditions which may also result in additional fees and charges. I confirm that a copy of my application and necessary terms & conditions has been provided to me for my future reference. The Cottage Medical Centre Pty Ltd will only use your Personal Information for the purpose for which you give it to us and for related, internal management purposes. All Personal Information is stored securely by The Cottage Medical Centre Pty Ltd.

Signature of applicant:	Date:
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Office Use Only:

New Record Created: YES / NO

Existing Record Updated: YES/NO

Payment Option: Cash / Direct Debit (attach signed ezidebt form for DD only)

Copy taken of Drivers License/Credit Card: YES / NO