

Ed's Pharmacy  
NEBULIZER RENTAL AGREEMENT

**DATE** \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Drivers License # \_\_\_\_\_

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**\$140.00 DEPOSIT**

\_\_\_ Check

\_\_\_ Cash

\_\_\_ Credit

\_\_\_ If solutions are purchased **HERE**:

**\$5.00** first month's rental

**\$25.00** per month there after

\_\_\_ If solutions are **NOT** purchased here:

**\$25.00** per month

**Rental Amount Paid at time of agreement:** \_\_\_\_\_

Renters Signature: \_\_\_\_\_

By signing above, the renter agrees to the above terms and will promptly make any outstanding payments when contacted by a pharmacy agent. If account is unsettled six months after rental date, the pharmacy holds the right to make collections on deposits.

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