Bio-Med Devices, Inc.
61 Soundview Road, Guilford, CT 06437
203-458-0202 FAX: 203-458-0440 www.biomeddevices.com

VENTILATOR RENTAL AGREEMENT

Rental Type (check one): CV ◯ MVP10 ◯ IC2A ◯ TV-100 ◯

***Is this unit for an MRI application? i.e., do you need an MR conditional device? (check one): Yes ◯ No ◯**

Please provide serial number of ventilator(s) to be sent in for service: _____

If multiple vents need service, please provide serial numbers of ALL vents.

CUSTOMER INFORMATION

Customer Organization: _____
Contact Name & Title: _____
Contact Email: _____
Shipping Address: _____
City, State Zip: _____
Phone Number: _____

REQUIREMENTS

1. Customer is responsible for keeping the rental in the same condition it was received.
2. Customer is responsible for all shipping charges.

RENTAL PERIOD

1. **The vent to be serviced must be sent to Bio-Med Devices within 10 business days of receipt of the rental. An additional rental fee of $485/month will be charged for any delay in sending in your vent.**
2. **The Rental must be returned within 10 business days of receipt of the serviced vent(s). A late fee of $25 per day will be charged for any delay in returning the rented vent.**
3. **Your account will be charged monthly for any part of the late fees outlined above.**

COSTS

1. Rental fee:	$485
2. Total Shipping Charge:	$ TBD
3. Late Charge for Delay in Sending in Vent	$485/month until serviced vent is received
3. Late Charge for Delay in Returning Rental:	$ 25/day until rental is returned

CUSTOMER BILLING INFORMATION:

Bill to Name: _____
Bill to Email: _____
Billing Address: _____
City, State Zip: _____
PO # (or Credit card #, including Expiration Date): _____

****** WE WILL NEED A HARD COPY OF THE PURCHASE ORDER *****

Phone Number: _____

I agree to follow the above instructions and I authorize to issue a purchase order or charge the credit card in accordance with the costs outlined above.

_____ _____
Authorizing/Cardholder's Signature Date

SCAN & EMAIL THE FORM AND A COPY OF YOUR PURCHASE ORDER TO: custserv@biomeddevices.com
FAX: 203 458 0440
If you prefer, you may call us with the cc information (800) 224-6633, however, we will need this form filled out and signed.