

Durable Medical Equipment Rental Agreement

Lessor (Provider): Amiokamed DME

2273 Garden Square Path, Spring, TX 77386

Phone: (469) 903-2438 | Email: contact@amiokamed.com | Website: www.amiokamed.com

Lessee (Customer):

Name:

Address:

Phone:

Email:

1. Equipment Rented

Description:

Serial Number:

2. Rental Term

Start Date:

Return Date:

3. Rental Fees

Rental Rate:

Deposit:

Delivery Fee:

Total Due:

4. Lessee Responsibilities: Use equipment only for intended medical purpose. Do not alter or repair. Keep in good condition. Report damages

5. Damage/Loss: Lessee is responsible for damage, loss, or theft. Repair/replacement costs apply.

6. Liability Disclaimer: Equipment is provided 'as is.' Amiokamed DME is not liable for injury or misuse.

7. Indemnification: Lessee agrees to indemnify and hold harmless Amiokamed DME from claims related to equipment use.

8. Termination: Agreement may be terminated if payment is not made or equipment is misused.

9. Governing Law: This Agreement is governed by the laws of the State of Texas.

This is a legally binding agreement. Please read all terms before signing.

10. Signatures