



# InterX Rental Form

RehaCare Pty Ltd

PO Box 71, Cherrybrook NSW 2126  
Tel: 1300 653 522 Fax: 1300 736 194  
Email: [sales@rehacare.com.au](mailto:sales@rehacare.com.au)

DATE: \_\_\_\_\_

RENTER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

RENTAL PAYMENT OPTIONS: *(please complete)*

Credit Card     Other \_\_\_\_\_ *(pls specify)*

Invoice *(for account holders only, pls specify PO# below)*

Purchase Order #: \_\_\_\_\_

CARD NO: \_\_\_\_\_

EXPIRY DATE:            /            Ccv: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## PAYEE DETAILS *(if applicable)*

COMPANY: \_\_\_\_\_ CLAIM #: \_\_\_\_\_

CONTACT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RENTAL APPROVED:     Yes *(specify start date)* \_\_\_\_ / \_\_\_\_ / \_\_\_\_

No

AUTHORISING PERSON: \_\_\_\_\_

POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Code#	Name of the Equipment	Serial No	Purchase Fee	Rental Fee 2 Months	Total
1146-001	InterX 5002 Device – Professional Model		\$6,195.00	\$850.00	
1243-001	InterX 1000 Device – Personal Model		\$2,295.00	\$450.00	
1569-001	Universal Classic Electrode		\$395.00	\$100.00	
1070-001	Comb Electrode		\$395.00	\$100.00	
1674-001	Universal Soft Tissue Electrode		\$495.00	\$150.00	
1538-001	Small Soft Tissue Electrode (Professional device only)		\$595.00	\$150.00	
1295-001	Dome Electrode Kit		\$495.00	\$150.00	
1299-001	4X4 Flexible Array Electrode Kit		\$1,195.00	\$250.00	
1376-001	3X3 Flexible Array Electrode Kit		\$1,395.00	\$250.00	
Fully Refundable Rental Deposit				\$500.00	
Freight				\$30.00	
				<b>Total Fees</b>	

### INTERX RENTAL PROGRAM *(Please read the following conditions)*

- The rental fee will be debited from the nominated credit card starting on the first day of rental.
- If the equipment is no longer required please notify Customer Service on 1300 653 522 and arrange returns of the equipment back to us in its original packaging.
- **If any equipment is damaged, lost or stolen, you are responsible for repair or replacement. Replacement cost will be charged at equipment replacement price.**
- This is not a rent to buy contract.
- If there is a problem with the equipment, please contact Customer Service on 1300 653 522.

I have read and understood the above and agree to the conditions outlined.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PRESCRIBED BY:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TAX INVOICE WILL BE SENT BY EMAIL.

