

**Store Rental Inquiry**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**New or Returning Customer:** New \_\_\_ Returning \_\_\_

**Circle Items Requesting**

**Wheelchair:** 18x16 20x16 22x16 24x18 Elevating Leg Rest Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Scooter:** Standard Heavy Duty , or Knee Scooter

**Electric Wheelchair:** Right or Left Side Joystick Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Concentrators**

**Portable Oxygen Tanks**

**Electric-semi Beds**

**Lift Chair**

**How Many Days Needing:** \_\_\_\_\_ Pickup \_\_\_ Delivered \_\_\_

**Date Needed:** \_\_\_\_\_

**Payment Type:** Cash \_\_\_ Credit Card \_\_\_ Check \_\_\_

**Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fill out & either Fax or attach in an email to the address above.**