

RENTAL AGREEMENT FORM WP4C

INTERNAL USE ONLY				
SN#	RMA#		MSHIP#	SO#
SHIPPING ADDRESS			BILLING ADDRESS	Same as shipping address
Company Name			Company Name	
Shipping Address			Billing Address	
City	State	Zip Code	City	State Zip Code
First Name, Last Name			First Name, Last Name	
Phone Number E	Email Address			
PAYMENT INFORMATION			If paying with a Visa, MasterCard or American Express, please contact Decagon directly. For your security, please do not include credit card information in any written correspondance,	
PO Number				
TERMS AND CONDITIO	ONS		or this document.	
Decagon Devices, Inc. agre only valid in the United State		vned WP4C to the p	person/company at the address	listed on this agreement form. Offer is
			quipment from Decagon. Subsec nt paid can be applied toward th	quent month's rent will be billed at the e purchase price.
Term: Minimum one month. the end of the current rental		iod is three months	s. Rentals beyond original term m	ust be processed by Decagon prior to
Return: Rental must be retur	ned within five (5) wo	orking days from en	d of rental period.	
_	will be prorated at the	e listed rate and ch		older than thirty (30) days. Rent due reed upon rental period. Total invoiced
own shipping account num	ber or the charges wil	I be added to the fi	ooth from and to Decagon Device first month's rent. Rental equipme e shipped so it arrives on the first	nt shipments must be insured for full
	d working order, or p	ay for the replacem		to pay for repairs to return the incurred to the instrument, beyond
	during the term of th	is agreement is the	obligation of the user, and the us	aused by operating, handling, or ser and/or his/her company shall
By signing this document l	acknowledge and ac	cept the terms liste	ed on this form.	
Signature			Date (MM/DD/YYYY)	