

**Rental Agreement.**

Date \_\_\_/\_\_\_/\_\_\_

Item \_\_\_\_\_

**Deposit : R \_\_\_\_\_ . Monthly Rental R \_\_\_\_\_ .**

**Ackermans Pharmacy Rental Terms & Conditions**

1. With all rental agreements completed, the following documentation must be attached in order for the application to be processed ;
  - 1) Utility bill e.g. water and lights account.
  - 2) I.D. book or driver's license (no copies can be accepted a copy will be made in store)
2. The rental period works as a 30 (thirty) day cycle. First time rentals require a full month's rental plus the full deposit. Should the rented equipment be returned before 30 (thirty) days has lapsed, a pro rata amount will be refunded. The amount refundable will be calculated as follows, Days 0-10, days 11-20 and days 21-30.
3. The equipment rented remains the property of Ackermans Pharmacy, and we may without any prior notice retrieve the equipment even if all amounts due have been paid. If the rental for the equipment has been paid in full, upon retrieving it before next due date, the pro rata amount will be refunded.
4. With every new month's rental due, the payment for the next 30 (thirty) days must be paid within 7 (seven) days from the due date. Failure to comply with this will result in your account being handed over for debt collection.
5. Loss, theft or damage to any equipment will be charged for in full and will be the responsibility of the renter to pay.
6. All batteries supplied with equipment must be kept charged at all times. Batteries kept uncharged will result in battery cell damage and will be the responsibility of the renter to pay.
7. Deposit refunds on electronic items will not be refunded the same day the product is returned. The product will undergo a thorough inspection and within 72 hours should the product be declared free of any faults, will the deposit be refunded via EFT or Cheque.

Accepting this rental agreement you are agreeing to uphold the guidelines as well as accepting the Terms & Conditions as stipulated

**Details of the person responsible for the rental account.**

**Full Names and Surname:** \_\_\_\_\_

**Identification number :** \_\_\_\_\_

**Residential address :** \_\_\_\_\_ **CODE** \_\_\_\_\_

**Telephone numbers (at least two) :** \_\_\_\_\_

**Next of kin** \_\_\_\_\_

**Residential address** \_\_\_\_\_

**Telephone number** \_\_\_\_\_

Signed \_\_\_\_\_

**Ackermans Pharmacy Representative** \_\_\_\_\_