

Store Rental Form

Name: _____ Phone: _____

Cell Phone: _____

Address: _____

Height: _____ Weight: _____ Lbs.

Wheelchair: 18X16 20X16 22X16 24X18 Elevating Leg Rest

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

Electric Wheelchair: Right or Left Side Joystick – 3 Day Min. \$50.00 per Day

Damage Insurance: Accept or Decline If accepted amount charged _____

_____ Customer Pick Up or _____ Delivery

Days Needed: _____ Time: _____

From: _____ To: _____

Credit Card: Visa MasterCard Amer. Express Discover

Credit Card Number: _____

Name on the Credit Card: _____

Exp. Date: ____/____/____ 3 Dig. Code: _____

Zip Code: _____

Subtotal: _____ Sales Tax: _____ Total Amount Charged _____

Payment Type? Cash Credit Card Check

Mr. Wheelchair, Inc.
1201 Jefferson Hwy.
Jefferson, LA 70121
(504) 834-2810

Call Taken On: _____ Time Taken: _____ By: _____
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