

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	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, or this document.		
PO Number					
TERMS AND CONDITI	ONS		or this document.		
Decagon Devices, Inc. agr only valid in the United Sta		vned WP4C to the	person/company at the address	listed on this agreeme	nt form. Offer is
			equipment from Decagon. Subsection paid can be applied toward th		be billed at the
Term: Minimum one mont the end of the current rent	· ·	od is three month	s. Rentals beyond original term m	ust be processed by D	ecagon prior to
Return: Rental must be retu	urned within five (5) wo	orking days from er	nd of rental period.		
	nt will be prorated at the	e listed rate and ch	num, shall be assessed on invoices narged at the end of the newly agr		
own shipping account nur	nber or the charges wil	l be added to the f	both from and to Decagon Device first month's rent. Rental equipme be shipped so it arrives on the first	nt shipments must be	insured for full
	od working order, or pa	ay for the replacen	rains the right to require the renter nent of equipment. Any damages service rates.		
	nt during the term of thi	is agreement is the	of employees and other persons ca e obligation of the user, and the us pility.		
By signing this document	l acknowledge and acc	cept the terms list	ed on this form.		
Signature			Date (MM/DD/YYYY)		