

HEALTH AID COMPANY, INC.

Rental Auto-Payment Authorization

Date: _____

Customer Name: _____

Driver License #: _____

Credit Card #: _____

Vcode: _____ expiration date: _____

Names on credit card and Driver license match

Billing Address: _____

Local Address: _____

Phone Number: _____

Monthly Rental Rate (Excluding Tax): _____

I authorize the following payment stated above to be automatically debited from my account each month until the rented equipment is returned. For weekly rentals: If a weekly rental is not returned on or before the due date we will automatically convert the rental to a monthly rental. The credit card on file will be charged the difference between the weekly rate and the monthly rate, plus any applicable taxes. In the event that the credit card on file denies, you will be responsible for the monthly rate above plus tax, and a \$5.25 monthly processing fee until a valid credit card is provided.

Failure to return rental property or equipment upon expiration of the rental period and failure to pay all amounts due (including costs for damage to the property or equipment) are evidence of abandonment or refusal to redeliver the property, punishable in accordance with section 812.155, Florida Statutes.

Customer Signature: _____

Date: _____