



Hire Agreement – ENDEAVOUR LIFE CARE

First Name: _____ Surname: _____

Address: _____

Email: _____

Home Phone: _____ Mobile Phone: _____

Are you interested in "Hire to Buy"

☐

Yes please contact me

☐

No I want to hire only

Office use:			
Item	Cost Per day	Deposit Required	Comments

Customer Declaration

I, _____ agree to hire the above item(s) at the above rate(s) per day and am aware of the minimum charge of ten (10) days.

I understand that at the end of each calendar month, if the item(s) are not returned by the last business day of that month, my credit card will be debited the monthly cost of the hire.

Once item(s) are returned and deemed to be in a satisfactory condition, your deposit will be refunded back onto your credit card.

By signing below, I acknowledge that I have read and understood the terms and conditions of hiring and am bound by those terms and conditions.

Signature.....

Date.....

Credit Card Information

Name on Card: _____

Card Number: _____

Expiry: _____ CVC: _____