

Medtech Services Inc.  
Rental Checklist

Note: This form is for a private pay Rental, not a rental being paid for by the hotel. If a hotel is paying we need the name of the person ordering, the check in information and how long the rental is going to be used. Also, we need to ask if a purchase order is required or how the authorization is given (i.e., person's name, guest name, etc.)

Customer Name (Verify Spelling) \_\_\_\_\_

DOB \_\_\_\_\_

Email \_\_\_\_\_

Customer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Person Placing Order \_\_\_\_\_

Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Hotel Name \_\_\_\_\_

Check in Date \_\_\_\_\_ Time \_\_\_\_\_

Check Out Date \_\_\_\_\_ Time \_\_\_\_\_

Hotel Reservation Under the Name of \_\_\_\_\_

User Height \_\_\_\_\_ User Weight \_\_\_\_\_

Note: We only charge for the days the rental is being used. Remember we do not deliver/pick up on weekends!

Credit Card Information

Visa  MasterCard  American Express  Discover

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_