

Please **complete, sign and return** to rental@kenelec.com.au
Note that payment is required before despatch for COD customers, please contact us to arrange. Direct deposits must be seen in our account before your items can be despatched.

Billing Details

Company Name:

Billing Address:

State: Postcode:

Contact Name: Phone:

Contact Email:

Purchase Order #:

Delivery Details

Company Name:

Delivery Address:

State: Postcode:

Contact Name: Phone:

Contact Email:

Unit Details

Instrument (make / model)	Serial Number	Start Date	End Date*	Rate per Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Should you wish to **extend** your hire, please contact our Rental department prior to the end date listed above. If no request is made and the units are not returned within a reasonable timeframe you will be invoiced for the additional period accordingly.

Delivery Method *select from options below, minimum freight charge \$40 + GST*

Pick up from Melbourne Office Standard Freight Express Freight

Return Method *select from options below*

Customer to arrange Kenelec Scientific to arrange (standard freight cost applies) Con note #:

Authorisation

I / We hereby agree to rent the equipment above in accordance with the Terms & Conditions (www.kenelec.com.au/terms) and warrant that I / We have authority to sign this Agreement on behalf of the above-mentioned company.

Name: Signature:

Date:

Office Use Only

Date of Despatch: Con note #:

Date of Return: