



619-469-7109 / 888-999-6631

www.AmeriMedCPR.com
7435 University Ave., #104, La Mesa, CA 91942

info@amerimedcpr.com

FIRST AID Supply Rental Form 2021

Name: _____

Date: _____

Requested pick up date: _____

Requested return date: _____

Fees are per day! Please return the equipment on time. You will be charged all rental fees for each day that you return the equipment late. If you do not return the equipment within one week, you will be charged the cost of the equipment!!!

Qty	Item	Price each per day	Number of days	Total
	For rent:			
	Triangular bandages (8)	\$5.00		
	EpiPens (4)	\$10.00		
	Tourniquets (2)	\$5.00		
	For purchase:			
	Roller gauze (4 rolls) and 3" X 3" gauze (for 4 students)	\$8.00		
	Vinyl Gloves (L or XL) – box of 100	\$25.00		
	CPR Key Chain barrier	\$10.00		
			Total due	

Debit or credit only. No personal checks.

**** We require credit/debit card information for all equipment rentals.**

Equipment must be returned in the same condition. Any equipment returned damaged will be charged the full price of the equipment.

The credit/debit card will be charged all rental fees for each day that you return the equipment late. If you do not return the equipment within one week, you will be charged the full cost of the equipment!!!

Phone: _____ Email: _____

Billing address: _____

Credit/debit card numbers: _____ expiration (mmyy): _____ CVC: _____

Card holder signature: _____

Equipment approved: _____
(AmeriMed representative)

(Signature acknowledging equipment received in good, working condition)

Returned by: _____

Date: _____

Equipment return approved: _____
(AmeriMed representative)

(Signature acknowledging equipment returned in condition noted below)