HIRE AGREEMENT – Neurotrac Electrical Stimulation Unit

This hire agreement is between	(Physiotherapist / Physiotherapy Business)			
and (referred to as "Party A" for remainder of document).				
It is agreed that will provide a Neurotrac Electrical Stimulation unit to "Part A".				
That hire of the Neurotrac Electrical Stimulation unit is only sup	plied on the basis that Party A:			
 Has received a treatment prescription from a registered physiotherapist such that the electrical stimulation parameters used are appropriate for Party A's specific health condition 				
 Has undertaken instruction from a registered physiotherapist as to the workings of the electrical stimulation unit. That this training has been sufficient such that the treating physiotherapist verifies that Party A is competent to use the machine both safely and appropriately. 				
Name of Physiotherapist:	Registration Number:			
Signature of Physiotherapist: Date: Date:				
- That Party A will follow all instructions given by their treating physiotherapist as outlined above, and will only utilize the electrical stimulation machine in the manner that they have been instructed.				
Party A Signature:				
HIRE FEE:				
It is agreed that Party A has requested a Hire Period from (inclusive), totaling a period of weeks.	to the			
Party A agrees to a hire fee of per week for the	weeks.			
Party A therefore agrees to a total hire fee of	_ for the weeks.			
Paid by (Please Circle): CASH	CHEQUE CREDIT CARD			
LATE FEES:				

On return of the unit, Party A understands that they should receive a "Return Verification Slip" that is signed and dated as evidence of return of all equipment.

Party A understands that a late hire fee of \$25 per week or part thereof will be charged to the credit card listed below for any unit not returned by the due date, up to a maximum of 10 weeks (\$250).

Credit Card:	VISA	MASTERCARD	
Credit Card Number:			_Expiry:
Name on Card:			Verification No:
Signed:			Date: