



OPM Limited
Unit 21, Cookstown Enterprise Park,
Cookstown
Dublin 24
Phone 01 4630090 Fax 01 4630092

Equipment Rental Order Form

Complete This Form, Attach Your Cheque Or Complete Credit Card Details and Post To Our Offices

Name	<input type="text"/>
Company	<input type="text"/>
Address	<input type="text"/>
email	<input type="text"/>
Phone	<input type="text"/>
Fax	<input type="text"/>

Rental Equipment

NT/ETS Dual channel EMG/Neuromuscular stimulator as above. However with the additional features of EMG controlled stimulation (ECS), customised programmes and tens.

Price €64.13 Per Month (Incl VAT)

9500 Anuform Anal Electrode

Price €24.89 Per Month (VAT Exempt)

P+P 1 Packaging & Freight

Price €11.50 (Incl VAT)

DEP 1 A deposit is required to be included with the 1st months rental and is refunded upon the units return, complete with accessories.

Price €25.00

Rental Duration Months

Note that the duration of the rental can be extended at any time by calling our rental department on 01 463 0090

Special Instructions



To Assist With Our Follow Up Support While You Are Renting The Equipment Please Provide The Name and Address Of The Physiotherapist Who Reommended The Rental Unit To You

Physiotherapists Name

Physiotherapists Address

Physiotherapists Phone Number (If Known)

I /We the Hirer apply to rent the above equipment for the whole of the Rental Period stated on invoice and to submit the above information as being true and correct. Payment will be automatically debited from my credit card at the beginning of the rental period and for as long as the rented unit is in my care. The hirer has read this rental agreement carefully and agrees to be bound by the Terms and Conditions. At the end of the rental period the unit must be returned without delay to O.P.M Ltd. by registered post. Please state your name when returning unit.

Signature

Print Name

Complete This Form, Attach Your Cheque Or Complete Credit Card Details and Post To Our Offices

Cheque Enclosed

Or

Credit Card Type Mastercard Visa

Name On Card

Address

Card Number

Expiration Date CCV Number