

Ventilator Rental Services

766 Main Street

Niagara Falls, NY 14301

Phone: 716-534-0421

Fax: 716-278-0205

**Credit Application**

Please Print Clearly

Business Name : \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Bill To Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Dun & Bradstreet Number: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Bank Phone: \_\_\_\_\_

Bank Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

Credit Card # and Type: \_\_\_\_\_

CC Expiration Date: \_\_\_\_\_

Trade References:

Include References Company Name, Account Number, Phone Number and Fax Number

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

The above Information is submitted for the purpose of obtaining credit and is warranted to be correct. I hereby authorize the release of credit information from any credit bureau, investigative source, or bank for the purpose of obtaining a line of credit. I agree to pay within terms, as stated on the invoice, if credit is extended. All orders subject to acceptance. I also do hereby agree that in the event of default in payment of any amount due, that if this account is placed in collection or litigation action, to pay any additional charges equal to the cost of collection, including legal fees and interest charges. I also hereby give permission for the above mentioned bank(s) to provide any and all credit information to Ventilator Rental Services.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

### **Rental Agreement**

**Shipping:** Customer will be charged for all shipping costs incurred and any additional expense to send a unit overnight or priority.

**Cost:** Please call for updated pricing.

**Maintenance:** Respironics Trilogy 100 and 200 ventilators are due Preventative Maintenance every 2 years or 10,000 hours, whichever occurs first. When a machine reaches the 2 year point Ventilator Rental Services will contact the rental company to inform that the unit needs to be sent in for service and a new machine will be sent out to replace it. If the machine reaches 10,000 hours prior to the 2 year mark it is the responsibility of the renting company to contact Ventilator Rental Services and make arrangements to have that ventilator returned and a new machine shipped out to replace it.

**Liability:** Rental Company will be responsible for any damage to a rented ventilator that occurs during the rental period whether that damages is caused by the Rental Company its agents, employees or assigns or a third party. Rental Company will not be responsible for routine maintenance of the machine.

**Use of Trilogy Ventilator:** The ventilators that are rented are to be used within the confines of Respironics clinical requirements as set forth in the Respironics User Manual, and the personnel that will be placing machines on patients must be clinically qualified by their states governing body. (CRT, RRT)

I \_\_\_\_\_ (Guarantor Name)

from \_\_\_\_\_ (Business Name) agree to the above listed terms and conditions for renting property from Ventilator Rental Services.

PERSONAL GUARANTY

I \_\_\_\_\_ (Guarantor Name),

From \_\_\_\_\_ (Business Name),

Residing at \_\_\_\_\_ (Business Address),

for good and valuable consideration, including the extension of credit to the Applicant identified on the application from which I will benefit, do hereby unconditionally guaranty and promise to pay in full on demand any and all obligations of Applicant to Ventilator Rental Services and/or its designated lease/financing company without regard to any claim of setoff, counterclaim, or defense. I hereby waive notice of sale to Applicant, and of the terms thereof, and of non-payment or other default or dispute with Applicant. I waive any right to a jury trial and consent to all renewals and modifications of terms of sale or credit. This is a continuing and irrevocable guaranty that shall remain effective and enforceable regardless of any change in the form, composition, nature, personnel or location of Applicant and I hereby subordinate any indebtedness of Applicant to me that the Applicant to Ventilator Rental Services and/or its designated lease/financing company. I recognize that my credit history may be a necessary factor in the evaluation of this Guaranty and hereby consent and authorize the use of a consumer credit report by Ventilator Rental Services, as a business grantor, from time to time as needed in the ongoing credit evaluation process. In the event Ventilator Rental Services and/or its designated lease/financing company should commence any action or actions, or otherwise seek to enforce this Guaranty against me, I agree to pay reasonable attorney fees, court costs and other expenses incurred by Ventilator Rental Services and/or its designated lease/financing company in said action, whether or not a suit is filed. I agree that a facsimile copy of this Guaranty shall be considered an original and admissible in court of law to the same extent as the original document. This Guaranty shall inure to the benefit of Ventilator Rental Services and/or its designated lease/financing company and its successors and assigns and shall bind my heirs, executors, personal representatives, administrators and other successors.

By: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Please return completed and signed document to:

Ventilator Rental Services 766 Main Street

Niagara Falls NY, 14301

Fax to: 716-278-0205