



# Rental Package Order Form

- Designed in Australia
- Winner Australian Design Award
- Manufactured in the UK
- IP56 Certification
- SCOPE Biphasic Technology
- Low Maintenance
- From Heartsine Technologies - since 1967
- Easy to follow visual and audio prompts
- Compact and lightweight
- Cartridge System including Pads and Battery



HeartSine®



### TERMS and CONDITIONS:

**Insurance:**

Insurance is not offered on rental of defibrillators. If lost, stolen or damaged beyond repair, customer will be charged the replacement value of a comparable unit. Repairs will be charged to the customer at cost price plus 15%. Rental charges apply during repair periods.

**Payment:**

Payment must be received in full prior to the rental period. Any extension to the agreed rental period must be negotiated before expiry of initial rental agreement.

**Ownership:**

Ownership of equipment always remains with Macbec Pty Ltd

**Indemnity:**

The hirer shall indemnify Macbec Pty Ltd and its employees against, and hold Macbec Pty Ltd and its employees harmless from, any and all claims, actions, suits, proceedings, costs, expenses, damages, and liabilities, including reasonable attorney fees arising out of, connected with, or resulting from the property subject to this lease, including, but not limited to the manufacture, selection, delivery, use, operation, or return of such property.

**Use:**

The hirer agrees that any user of the equipment is familiar with its use and that any consumables used will be replaced and charged to the hirer. Training is available at the published rate.

Item	Hire Charges	No. of Days	Units	Line Total
<b>Hire Package includes:</b>	7 days or less: \$147.00			
1 x samaritan PAD - Public Access Defibrillator	8 - 14 days: \$21 / day			
1 x Carry Case	15 - 28 days: \$18 / day			
2 x Adult Pads	> 28 days: \$11 / day			
1 x Patient Preparation Kit				
<b>Postage / Freight (Return)</b>	Published Rate (TNT)	—	—	
<b>Training (if needed)</b>	\$60/ person	—		
<b>TOTAL</b>				

**Hirer Details:** (by completing this form you state that you have the authority to complete this purchase and guarantee payment and / or charges)

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

Payment Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

Please indicate (  ) your method of payment: (Equipment will not be made available until payment has been received in full)

 **Cash**

Please do not post cash

 **Cheque / Money Order**

Please forward all cheques to:  
**defibrillate AUSTRALIA**  
 94 Carters Lane  
 FAIRY MEADOW  
 NSW 2519

 **Debit Card / EFTPOS**

Onsite Purchases and Pickup Only

 **Direct Deposit**

**Account Name:** Mark McCarthy  
**Bank:** ANZ **BSB:** 012299  
**Account Number:** 537995722  
**Deposit / Receipt No.:** \_\_\_\_\_

 **Credit Card** (You may phone or fax your details)

Card Type:   

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_ / \_\_ Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

 **Account:** (If you have pre-approval to pay on Account please fax or post this form to defibrillate AUSTRALIA)

Company: \_\_\_\_\_

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

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

**defibrillate AUSTRALIA** (ABN: 34 148 266 104)  
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 www.defibrillateaustralia.com.au