



**ANDERSON DRS,
261 POYNTERS ROAD,
DUNSTABLE BEDS,
LU5 4SJ**

**TEL: 01582 665764
EMAIL: OFFICE@ANDERSONDRS.CO.UK
VAT No: 490 4492 32**

RENTAL AGREEMENT

Customer Name..... Date.....

Address.....

..... Ref. No.

.....Post code.....

The customer named above agrees to pay a deposit of £.....

(refundable at the termination of the agreement)

for the hire of a from Anderson DRS.

This agreement will run for a minimum period of months
and **failure to make regular payments** or termination prior to
.....will result in the forfeit of the deposit.

The monthly rental charge will be £..... per calendar month.

In the event of failing to pay, the machine will be collected by Anderson DRS.
Anderson DRS agrees to maintain the machine in good working order and will
respond to the customers request for service as soon as possible, and reserves
the right to replace the machine at their discretion.

Anderson DRS cannot be held responsible for any damage incurred during use.

At all times the machine remains the property of Anderson DRS.

I hereby agree with and understand the above terms,

Signed (customer) Date.....

Received a total of £.....(Deposit +.....Months rental) Cash Cheque

Signed on behalf of Anderson DRS.....