



## The HEALTHY HOUSE Ltd

The Old Co-Op, Lower St, Ruscombe, Stroud, Glos, GL6 6BU  
Tel: 0845 4505950 Fax: 01453 753533  
[info@healthy-house.co.uk](mailto:info@healthy-house.co.uk) [www.healthy-house.co.uk](http://www.healthy-house.co.uk)

### Rental Agreement

#### Personal Details

Title \_\_\_\_\_ Forename \_\_\_\_\_ Surname \_\_\_\_\_

#### Address

Street \_\_\_\_\_ Locality \_\_\_\_\_

Town \_\_\_\_\_ County \_\_\_\_\_ Post Code \_\_\_\_\_

#### Contact details

Daytime tel: \_\_\_\_\_ Evening tel: \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Light Box model \_\_\_\_\_ Date rental started To be confirmed

Rental amount per month \_\_\_\_\_ Payment for the first 2 months \_\_\_\_\_

Credit Card Details \_\_\_\_\_ \* \* \* \*

Type of Card \_\_\_\_\_ Expiry Date \_\_\_\_\_ Valid from date \_\_\_\_\_ Issue No \_\_\_\_\_

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_  
(last 3 digits on signature strip)

**\* for security we will ring you on your daytime tel: for this information**

#### Terms and conditions for Light Box rental

1. The rental period shall be for a minimum of 2 months.
2. If the rental is charged VAT exempt, we must have a current VAT exemption form signed and returned to us before despatch.
3. For periods of more than 2 months the contract is renewable for each 1 month period.
4. If the customer wishes to purchase the rented Light Box, one months rent will be applied against the full price of the light box.
5. The customer is responsible for returning the Light Box on the last day of the rental contract. It must be undamaged, in its original packaging (including outer box).
6. Please be sure that the light box is packaged securely and is covered by insurance should it be damaged in transit or go missing.
7. Payment for rental must be by credit card on the understanding that if we do not receive the Light Box back or if it is returned damaged the customer will be debited for the full retail price of the unit or, if applicable, for the cost of repair. If it gets damaged in transit it is the responsibility of the customer to claim the compensation from the carrier.

Signature \_\_\_\_\_

Date \_\_\_\_\_