



EQUIPMENT RENTAL APPLICATION

ADDRESS 10712 South 1300 East, Sandy, UT 84094

PHONE (801) 566.6433

FAX (801) 566.7049

WEB www.medonegroup.com

CUSTOMER INFORMATION

COMPANY NAME & DBA		ADDRESS, CITY, STATE, ZIP	
FEDERAL TAX ID#	BILLING ADDRESS (if different)		DEPARTMENT
PHONE	WEBSITE	CONTACT PERSON	TITLE
<input type="checkbox"/> Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non Profit			
BUSINESS TYPE			PARENT COMPANY (if applicable)

TERMS AND CONDITIONS

1. The Equipment is the sole property of Med One Equipment Rental, LLC or one of its affiliated entities (collectively, "Med One"). Customer has no interest in the Equipment except the right to use and maintain possession during the Term.
2. Customer is responsible for any loss or damage to the Equipment, hereby agrees to provide adequate insurance coverage to protect the Equipment, and shall indemnify, defend and hold Med One harmless from and against all obligations and liabilities relating to or arising as a result of Customer's use of the Equipment.
3. Customer shall return the Equipment to Med One (at Med One's designated location) in the same condition as when it was received—normal wear and tear excepted.
4. If the Equipment is not received within 30 days of Customer's notification of its intent to return the Equipment, then Customer shall pay extended rental in the amount of the Total Monthly Rental for each month until the Equipment is received by Med One.
5. Customer agrees to Net 30 Day payment terms with rent due on the thirtieth (30th) day following the invoice date.
6. Sales and or Use Tax will be added to your monthly rental. Tax exempt Customers are responsible to provide a copy of their tax exempt certificate.

APPLICANT SIGNATURE	PRINT NAME	TITLE	EMAIL	PHONE	DATE
---------------------	------------	-------	-------	-------	------

COMPANY BANKING REFERENCES

BANK NAME / BRANCH	YEAR ESTABLISHED	ACCOUNT #	PHONE	CONTACT OFFICER
PREVIOUS BANK (IF ACCOUNT IS LESS THAN 2 YRS. OLD)	YEAR ESTABLISHED	ACCOUNT #	PHONE	CONTACT OFFICER

TRADE REFERENCES

NAME OF SUPPLIER	CITY, STATE, ZIP	PHONE	CONTACT PERSON
NAME OF SUPPLIER	CITY, STATE, ZIP	PHONE	CONTACT PERSON

PERSONAL INFORMATION ON MAJORITY STOCKHOLDERS/OWNERS

NAME	TITLE	% OF OWNERSHIP	SSN
HOME ADDRESS, CITY, STATE, ZIP	PHONE	SIGNATURE	

AUTHORIZATION

Customer: (i) authorizes Med One to obtain and to review his or her personal credit profile from a national credit bureau in connection with this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account; (ii) authorizes all deposit, borrowing, and trade information to be released to Med One; (iii) certifies that this application is for equipment rental and/or business purposes only, and not for personal, family or household use; (iv) as a precaution hereby grants a security interest to Med One in all equipment rented, financed or delivered to the undersigned, whether now existing or hereafter arising, with all proceeds, and hereby authorizes Med One to file UCC financing statements describing any such items, with the security interest securing all obligations now or hereafter owed by the undersigned to Med One Group, and (v) represents all information in this application, and in each document submitted in connection herewith is true, correct and complete. A photo static or facsimile copy of this authorization shall be as valid as the original.