

Care Medical Equipment

102 Drennen Road, Suite B1
Orlando, Florida 32806
Phone: (407) 856-2273
Fax: (407) 856-5949

Please print this equipment order form and fax back to the number listed above.

Equipment Needed:

Height: _____ Weight: _____ (if applicable)

Date to deliver equipment: _____ Time to deliver: _____

Date to pickup equipment: _____ Time to pickup equipment: _____

(Rental Fees are in 24 hr. periods, i.e., noon delivery and noon pickup)

Where are you staying in Orlando: _____

Address: _____

Phone Number with area code: _____

Under what name is the reservation at the location above? _____

Credit Card Information

Number: _____ Expiration Date: _____

Name on credit card: _____

Phone number of credit card holder: _____

Fax Number: _____

Total Fee: \$ _____

Signature of Credit Card holder: _____

Contact Person if different from Card holder: _____

Phone #: _____

Comments:

