



**PAS Systems International Rental Agreement for Alcovisor® Evidential Breath Testers.**

**Rental:**

Rentals of portable breath alcohol testing equipment may be approved or denied based on product availability and/or customer account status with PAS Systems International, Inc. All rentals require a credit card or an established account. If you would like to establish an account with PAS Systems International, Inc, please contact the Accounting Department at 800-660-7643 for instructions.

Customer is financially responsible for any loss of or damage to the rental equipment while it is in the customer’s possession. Customer agrees to hold PAS Systems International, Inc harmless for any costs or liability incurred due to operator error or failure of the rental equipment.

Rental fees are on a monthly basis (rental period is a minimum of 30 days). Fees start when the shipment arrives at the customer’s facility and fees end when the equipment is received by PAS Systems using the return shipping label. Customer will be billed (or the credit card charged) automatically for the next month if the equipment is not received at PAS Systems International, Inc within 3 days of the expected return date.

**Charges:**

<b>Check One</b>	<b>Unit</b>	<b>Charge (per month)*</b>
	MARK V with Printer and Accessories (#455-DOT1)	\$100.00
	Mercury with Printer and Accessories (#475-DOT1)	\$135.00
	Jupiter with Built-In Printer and Accessories (#465-DOT1)	\$175.00

(price includes shipping to and from customer)

\*Additional fees may be incurred if any damage occurs to the unit while in the customer’s possession.

Note: You may not assign or transfer this agreement without the prior and expressed written consent of PAS Systems International, Inc.



**Customer Information (please print clearly except where signature is required):**

*Bill to Information:*

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

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

Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Ship to Information (if same as Billing, please note):*

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

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

Email Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax#: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

(Credit Card Number Can Also be called into PAS Systems International, Inc.)

This Agreement must be signed and emailed back to PAS Systems, at [online.orders@pasintl.com](mailto:online.orders@pasintl.com), prior to shipment of any rental product. This program is subject to change or cancellation without notice.

Authorizing Name (print): \_\_\_\_\_

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_