

Date of Request:

Instrument Model:

TO:	FROM:	Customer Experience Team
COMPANY:	COMPANY:	HunterLab
EMAIL:	EMAIL:	orders@hunterlab.com
PHONE:	PHONE:	703 471 6870
Please complete all information requested below.		
Bill To Address (Accounts Payable):*	Ship To Address (End User):*	
Company Name:	Company Name:	
Address: City/State/Zip:	Address: City/State/Zip:	
	Attention:	
RENTAL COST:*	Method of Shippment:*	
 \$850 / per month USVIS, USPRO, Vista, Aeros, Agera, D25 NC, CQXE 	FedEx UPS	
• \$550 / per month MSEZ, CFEZ	Service Level:*	
Please choose Method of Payment for Rental:* *PO Must have Hard Copy w/ Terms and Conditions. Please note to help prevent any delays in receiving your rental and/or return of your instrument it is presented by the control instrument.	☐ Ground	Overnight
instrument it is necessary to have one PO for just the rental instrument.	Method of Payment for Shipping:*	
☐ PO #	Prepay & A	Add to Invoice OR Ship Collect
(Terms Net 30 Days) Credit Card We will contact you to obtain credit card information before shipping the rental.	Provide Acct.	
Renter shall at all times be liable for the full replacement cost of the inst instrument. Renter will, at their expense, keep and maintain the instrum or damaged beyond repair, Renter shall pay for the replacement cost of Agreenment shall continue in full force and in effect through the Rental	ent clean and in g the instrument o	ood working order. In the event the instrument is lost
Signature:		Date:

Hunter Associates Laboratory, Inc. (HunterLab)

11491 Sunset Hills Road. Reston, VA 20190 U.S.A 703.471.6870

https://support.hunterlab.com

