



COMFORT CARE
 1735 E. Remigio St., Brgy. 318, Sta. Cruz, Metro Manila
 Tel.: (02) 8637-3229 | Smart: 0998-214-5542 | Globe: 0956-289-4794

RENTAL AGREEMENT

This Rental Agreement is made and entered into this 23rd day of October, 2025, by and between:
 Comfort Care, hereinafter referred to as the Lessor,
 and

Name of Renter: _____
Address: _____
 hereinafter referred to as the Lessee.

Primary Contact No.: _____
Secondary Contact No.: _____

1. Equipment Details

QUANTITY	EQUIPMENT	SERIAL #	REFILL	RENTAL RATE	DURATION

Advance Pick-Up Charge: _____

Total Amount: _____

2. Rental Period

The rental period shall begin on _____ and end on _____, unless extended or terminated earlier by mutual agreement.

3. Payment Terms

- Full payment of the rental fee and advance pick-up charge is required upon Pick up / delivery.
- All rental payments are strictly non-refundable.
- Rental extensions must be reported and settled before the next due date.
- Late payments are subject to additional daily charges.

4. Delivery and Return

- Upon completion of the rental period, the Lessee shall return the equipment in good and clean condition, subject to inspection by the Lessor.
- The advance pick – up charge shall be refundable only if the renter personally returns the equipment to the Comfort Care store.
- If the Comfort care staff will pick up the equipment from the renter’s address, the advance pick – up charge shall be non- refundable.
- Any damage, loss, or missing parts will be charged accordingly.
- In case of major damage or total loss of the equipment, it shall be considered sold at its cash price.

5. Equipment Use and Care

- The Lessee agrees to use the equipment only for its intended medical purpose and with proper care.
- The Lessee shall not lend, sublease, or modify the equipment.
- The Lessor shall not be liable for any injury, accident, or damage resulting from improper use.

6. Maintenance and Repairs

- The Lessee shall notify Comfort Care immediately if the equipment malfunctions.
- Only authorized technicians from Comfort Care are allowed to service or repair the equipment.

7. Termination and Penalty

- Either party may terminate this agreement upon written notice.
- Early termination by the Lessee will not entitle them to a refund of unused days.
- If the Lessee fails to return the equipment within three (3) days after the due date, without prior notice. The rental shall automatically be considered extended for one (1) full month, and the corresponding monthly rental fee shall apply.

8. Acknowledgment

By signing below, both parties acknowledge that they have read, understood, and agreed to the terms and conditions of this Rental Agreement.

Conformed by:

Approved by:

 Renter’s signature over printed name

 Owner/Representative

Date Signed: _____

Date Signed: _____



COMFORT CARE HOME MEDICAL EQUIPMENT RENTAL SERVICES COMPANY

DATA PRIVACY STATEMENT

Comfort Care Home Medical Equipment Rental Services Company is committed to protecting your personal information in accordance with the Data Privacy Act of 2012 and its Implementing Rules and Regulations.

1. COLLECTION OF PERSONAL INFORMATION

We collect personal information that you voluntarily provide when availing of our medical equipment rental services. This may include, but is not limited to:

- Full name
- Address
- Contact number and/or email address
- Valid ID details
- Medical equipment rented and related transaction information

2. PURPOSE OF DATA COLLECTION

Your personal data is collected and processed for the following legitimate business purposes:

- To process equipment rentals, payments, and delivery;
- To maintain accurate customer records and transaction history;
- To contact you regarding your rental, billing, or equipment pickup;
- To comply with government and BIR requirements;
- To improve our customer service and operational processes.
- To allow Comfort Care to post or share proof of purchase or rental transactions (such as photos or documentation) on social media platforms including Facebook, TikTok, Google, and other online platforms for legitimate business, marketing and customer awareness purposes.

3. DATA PROTECTION AND SECURITY

We implement organizational, physical, and technical security measures to ensure the confidentiality, integrity, and availability of your personal data. Access to your data is restricted only to authorized personnel.

4. DATA SHARING AND RETENTION

Your information shall not be shared with any third party, except:

- When required by law or authorized by government agencies (e.g., BIR, DOH);
- When necessary to perform legitimate business functions (e.g., delivery service partners).

Personal data shall be retained only for as long as necessary for the fulfillment of the purposes stated above or as required by law.

5. RIGHTS OF DATA SUBJECTS

Under the Data Privacy Act, you have the right to:

- Access and request a copy of your personal data;
- Correct or update your data;
- Withdraw consent to processing;
- File a complaint before the National Privacy Commission if you believe your rights have been violated.

6. CONTACT INFORMATION

For any inquiries or concerns regarding your personal data, you may contact:

Data Privacy Officer

Comfort Care Home Medical Equipment Rental Services Company

1735 E. Remigio St., Brgy. 318, Sta. Cruz, Metro Manila

Email: Comfortcarehome123@gmail.com

Tel.: (02) 8637-3229 | Smart: 0998-214-5542 | Globe: 0956-289-4794

I hereby acknowledge that I have read, understood, and agree to the terms of this Data Privacy Statement.

Renter's signature over printed name

Date Signed: _____

