

BioIdea Rental & Sampling Supplies



Company:			Contact person:
Address1:			Cell phone:
Address2:			Business phone:
City:	State:	ZIP:	Email:
Phone:	Fax:		Bill to person:
Email:			Email:

For Rental

High volume pump, 3-30 LPM w/ flowmeter, AC powered for mold Air Cassette Spore Trap, culturable mold or bacteria medium plate sampling;	\$30 /day	Rental Agreement	Subtotal \$
EMS E6 Anderson Impactor, 400 holes, for culturable mold and bacterial Medium Plate sampling;	\$20 /day	ditto	Subtotal \$

Consumable Sampling Supplies for Mold, Bacteria and Drinking Water Testing

Zefon AOC Air-O-Cell mold spore trap cassette;	Mold	\$7 /piece		No	Subtotal \$
SKC Versa Trap mold air cassette;	Mold	\$6 /piece		No	Subtotal \$
EMS Cyclex-D mold air cassette;	Mold	\$7 /piece		No	Subtotal \$
EMS Micro5 mold air cassette;	Mold	\$7 /piece		No	Subtotal \$
BioIdea made Mold Medium Plate with antibiotic;	Culturable mold	\$1 /plate	free if those samples submitted to BioIdea	No	Subtotal \$
VWR brand single wrapped Sterile Swab;	Direct Exam; Culturable mold or Bacteria	\$0.25 /piece	free if those samples submitted to BioIdea	No	Subtotal \$
Water Sampling bottle, with de-chlorinating tablet, 100 ml capacity with security seal, EPA-approved.	Drinking water	\$1 /bottle	free if those samples submitted to BioIdea	No	Subtotal \$

Total \$ _____

Please pick up those supplies and rentals in between **Weekdays 5:30 pm -9:00 pm** or **Weekend 9:00 am - 9:00 pm** at: **BioIdea, 615 Mosman Ct., Houston, TX 77094.**

For instruction of how to do your sampling, please click or visit: <http://bioidea.net/en/cms/?257>.

Please check one of the following:

Upfront charge paid: \$ _____ **BioIdea receiver:** _____ **Date:** _____
(Note: Home owner must pay the Upfront charge in advance, which includes Rental fee, Consumable Sampling Supplies fee, and Microbiology Sample Testing fee.)

Bill later: \$ _____ **Client Signature** _____ **Date:** _____

BioIdea Rental Agreement Form



Company:			Contact person:
Address1:			Cell phone:
Address2:			Business phone:
City:	State:	ZIP:	Email:
Phone:	Fax:		Bill to person:
Email:			Email:

Rental Agreement

The rentee agreed on the condition that rented equipment should be returned as is before taking out those equipment, and would pay the expenses any damage incurred by the rentee. The said expenses only include cost of damaged part and shipping/handling fee charged by the manufacturer /vendor.

Rentee Driver License _____ Rentee Agree & Sign _____ Date _____

Rental Check-out and Check-in

BioIdea Checking Person: _____

Part	Check-out	Check-in	Note
Zefon, High volume pump in carrying box			
Flowmeter, 3-30 LPM			
Tubing			
Adaptor for Air Cassettes			
Timer			
EMS E6 Microbial Impactor			

In Case of Rental Equipment Damage

A part is (Parts are) damaged. The Rentee agrees to pay the damaged part(s) _____ at expense of \$ _____, which includes the shipping/handling fee charged by the manufacturer /vendor.

Rentee Sign _____ Date _____