

Shopmobility centre

Customer registration form

In partnership with



NAME: DATE:

ADDRESS:

POST CODE

TEL No:

I undertake full responsibility for the wheelchair/ scooter/ powerchair whilst in my care, and in particular undertake: -

- 1] That the vehicle will not be taken away from Hereford City Area;
- 2] That the vehicle will be used with due care and attention;
- 3] That the vehicle will not be used on the roads with the exception of crossing from pavement to opposite pavement;
- 4] That the vehicle will be returned in good condition to Hereford Shopmobility Centre at or before the time indicated.
- 5] That the user has read and agrees to be bound by the Disclaimer displayed in the office.

PLEASE NOTE: - WE OPEN AT 9.00AM AND ASK FOR ALL VEHICLES TO BE RETURNED BY 4.45PM. ALL DONATIONS ARE GRATEFULLY ACCEPTED AND GO TOWARDS THE UPKEEP OF THE VEHICLES

Signature of User or on user's behalf

Relationship/connection to user Name

Car Reg Positive identification must be produced:

e.g. Driving Licence Pension Book Passport Other

Type of Vehicle Loaned: MANUAL/ SCOOTER/ POWER CHAIR Vehicle No

Other Equipment Loaned: CUSHION/ WATERPROOF/ BAG

Training in use of vehicle required: YES/NO If Yes – Given by

How did you learn of Hereford Shopmobility?