



HOSPITAL GRADE BREAST PUMP RENTAL CONTRACT

Terms of Breastpump/Scale Rental Agreement

This agreement for the rental of this Hospital Grade Breast Pump and carrying case is made between the Rental Station above and the Lessee identified below.

- 1) This breastpump remains the property of Ardo or Medela. Lessee has no rights to such breastpump except as expressed in this Agreement.
2) Lessee may purchase the accessory collection kit to use with the breastpump. The kit becomes the property of the Lessee and is nonrefundable.
3) Lessee agrees to the rental fees as shown below. Rental Fees are due in advance and will be taken from the credit card on file on Lessee's renewal date unless agreed upon in advance in writing and stated in the contract. There is a \$25.00 fee for checks returned for any reason.
4) Lessee agrees not to move the breastpump out of this State without the written and signed consent of the Rental Station.
5) Lessee agrees to inform the Rental Station of any change of address or phone number, duty station and duty phone number.
6) Lessee agrees to return the breastpump in clean condition. If the equipment is not cleaned, Lessee agrees to pay Rental Station a cleaning fee of \$25.00. Window cleaner, 409 or Fantastic can be used to clean the pump and case.
7) Lessee agrees to return the breastpump in good repair. If not in good repair, Lessee agrees to pay for all repairs.
8) Lessee shall be responsible for all reasonable legal fees and other costs involved in collection of overdue amounts and recovery of breastpump.
9) Lessee understands the Rental Station has the right to Recall the breastpump at any time and for any reason with three days notice.
10) Lessee agrees that their credit card can be charged for the cost of a new hospital grade breastpump equal to that which was rented if the breastpump is not returned to the Rental Station. (Hospital Grade Breastpumps range in price from \$950.00 to \$2300.00.)
11) Lessee agrees any unpaid balance will be charged to their credit card immediately, if not paid in another form.
12) Lessee agrees to bring the breastpump back to the Rental Station once the breastpump is no longer being used.
13) This Agreement shall be construed under the laws of the State where the Rental Station is located.
14) Lessee agrees to allow any agency involved in collection of overdue amounts and /or the rental breastpump to obtain a credit report on Lessee.
15) Lessee agrees that the LESSEE named in this contract will be the only user of this breastpump.
16) State Sales Tax will be charged on breastpump rental as well as the collection kit unless a physician's prescription for the pump is provided.

PLEASE PRINT

LESSEE NAME: DATE OF BIRTH

CELL PHONE: WORK PHONE: SECONDARY/SPOUSE PHONE:

ADDRESS: CITY, STATE, ZIP:

EMAIL ADDRESS:

DRIVER'S LICENSE NO. STATE MEDICAL INSURANCE

CREDIT CARD # EXP. DATE

TYPE OF CREDIT CARD VISA MASTERCARD CARD VERIFICATION # (3 digits on back)

RELATIVE NAME (does not live in same household): RELATIONSHIP:

ADDRESS: CITY, STATE, ZIP: PHONE:

RENTAL PLANS: Initial one 7 days = \$30.00 Monthly = \$75.00 Other

I hereby agree to the terms and conditions of this rental agreement. I also authorize Rental Station to charge my credit card on file according to the terms of this rental agreement.

SIGNATURE of LESSEE: DATE

REMINDER- RENTAL PUMP WILL BE DUE BACK ON THE OF THE MONTH OR WILL AUTO RENEW THE FOLLOWING DAY

PRIVACY NOTICE: The information collected in this contract is considered nonpublic personal information and will only be used in accordance with this contract. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations regarding your privacy and to guard all nonpublic information.

For Office Use

Loaned Cup Holders (Lessee Initial) Pump Returned on:

NOTES

Rental Station Initial Here: