

Essential Touch Women's Boutique 480-323-3655 (Shea)

BREAST PUMP RENTAL AGREEMENT

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Lessee (Please print)		Shea Campus Name	Osborn Family Birth Suites Name	
Name of Person Using Equipment Partner's Name		9003 E. Shea Blvd.	7400 E. Osborn Rd.	
Address		Address	Address	
Address		Scottsdale AZ 85260	Scottsdale AZ 85260	
City State	Zip	City State Zip	City State Zip	
	_ .p	(<u>480</u>) <u>323-3655</u>	(480) 882-4827	
Daytime Telephone Number Evening Telephone Numbe	r	Telephone Number	Telephone Number	
3		Type of Equipment	Serial Number(s)	
Social Security Number Place of Employment		Type of Equipment	. ,	
Date of Birth Driver's License Number		☐ Symphony		
Name of person signing contract, if different from above Relation	ship			
Address City State	Zip			
·	<u></u>			
Rental Payment Plans Monthly \$90.00 Places return by	Dep	osit and Prepayment - Credi	t Card only.	
☐ Monthly \$80.00 Please return by//				
Payment is due on the of each month.	The	Rental Station has received	a deposit of \$40	
Additional \$5/day will be charged, if not returned on time.		which will be refunded when Product is returned to the		
	Ren	tal Station in clean condition	and in good repair.	
Type of Payment			5 ,	
☐ Credit Card				
	_	Rental Station has further re	ceived a prepayment of	
Card Number	\$	which will	cover the rental fee until	
Expiration Date Authorization Code	- ^Ψ	WIICH WIII	cover the rental lee until	
I authorize Rental Station to charge my credit card according to the		/·		
plan selected.	.			
Signature of card holder				
☐ Check or Money Order \$ Check #	-			
☐ Cash \$				
Terms of Agreement This Agreement for the rental of a Medela Product and carrying case ("equipment") is made between Rental Station and the Lessee identified at top. The equipment remains the property of Medela, Inc. McHenry, IL. Lessee has no rights to such equipment except as expressed in this Agreement. Lessee may purchase an accessory kit. The kit becomes property of the Lessee. Lessee agrees to pay the rental fees in accordance with the fee structure established shown under the rental payment plan below. The rental fee is due in advance. The rental rate for the equipment and the purchase price for the kit do not include any applicable sales or use tax. Lessee shall leave a security deposit with the Rental Station of \$40.				
 Lessee agrees to inform the Rental Station of any change of address, phone numbe Lessee agrees not to move the equipment out of this State without the consent of th Lessee agrees to allow no person other than Lessee to use the equipment provided. Lessee agrees to return the equipment in clean condition. If the equipment is not cle Lessee agrees to return the equipment in good repair. If the equipment is not in goo This Agreement shall be construed under the laws of the State where the Rental Stat The Lessee shall be responsible for all reasonable legal fees and other costs involve The Rental Station has the right to cancel this agreement at any time with three days Lessee agrees to allow Rental Station, Medela, Inc. or any agency involved in collect I have received instruction in the use of the electric breast pump. In addition, I agree questions regarding pump operation. 	e Rental States and Lessee and repair, Lessetion is located in collection anotice.	ion. agrees to pay Rental Station a minimum of see agrees to pay Rental Station a minim d. on of overdue amounts and/or recovery coue amounts and/or equipment to obtain	num charge of \$30.00. of equipment. a credit report on Lessee.	
RENTAL STATION WARRANTS TO REPAIR OR REPLACE ANY EQUIPMENT WHICH IS OR BECOMES DEFECTIVE UNDER NORMAL USE. RENTAL STATION AND MEDELA, INC. WILL NOT BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL OR ANY OTHER DAMAGES RESULTING FROM DEFECTIVE EQUIPMENT; THEIR LIABILITY IS LIMITED TO REPAIR OR REPLACEMENT OF THE EQUIPMENT. THIS WARRANTY IS GIVEN IN LIEU OF ALL OTHER WARRANTIES EXPRESSED OR IMPLIED.				
Required Signatures - Lessee agrees to the terms of the contract listed above.				
X	X			
Signature of responsible party must be at least 18 years of age Date		e of Scottsdale Healthcare Representative	e Date	

Follow Up Status	NOTES
☐ 1st Notice// Extension Date//	
☐ 2nd Notice// Extension Date//	
☐ 3rd Notice// Extension Date//	
☐ 4th Notice// Extension Date//	
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☐ 25th Notice/ Extension Date/	