

RENTAL STATION: [YOUR BUSINESS NAME HERE]

[ADDRESS, CITY, ST, ZIP -- PHONE -- EMAIL OR WEBSITE]

OFFICE HOURS: [BUSINESS HOURS]

RENTAL CONTRACT-HOSPITAL GRADE BREASTPUMP ---- SERIAL NO. _____

Terms of Breastpump Rental Agreement

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

- 1) This breastpump remains the property of either Medela, Inc or Hollister/Ameda, Inc. 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 pay the rental fees as shown below. Rental fees are due in advance. If Lessee wishes to continue renting the breastpump longer than originally agreed, they must call the Rental Station office above and make arrangements for payment to extend the rental. There is a \$20.00 fee for insufficient returned checks.
- 4) State Sales Tax will be charge on breastpump rental as well as collection kit unless a physician's prescription for a breastpump is provided.
- 5) Lessee agrees not to move the breastpump out of this State without the consent of the Rental Station.
- 6) Lessee agrees to inform the Rental Station of any change of address or phone number.
- 7) 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 \$10.00 to \$25.00 depending on the condition of the breastpump. Window cleaner, 409 or Fantastic can be used to clean the pump and case.
- 8) Lessee agrees to return the breastpump in good repair. If the breastpump is not in good repair, Lessee agrees to pay Rental Station a minimum charge of \$30.00.
- 9) Lessee shall be responsible for all reasonable legal fees and other costs involved in collection of overdue amounts and/or recovery of breastpump.
- 10) Lessee understands the Rental Station has the right to cancel this agreement at any time with three days notice.
- 11) Lessee agrees that their credit card is used as a deposit on the rental breastpump and agrees that the 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 \$850.00 to \$2100.00)
- 12) Lessee agrees any unpaid balance will be charged to the credit card if not paid by the due date when the pump is returned.
- 13) Lessee will be given a written receipt for the return of the pump when it is returned to the Rental Station.
- 14) This Agreement shall be construed under the laws of the State where the Rental Station is located.
- 15) Lessee agrees to allow Rental Station, Medela, Inc. or Hollister/Ameda or any agency involved in collection of overdue amounts and /or the rental breastpump to obtain a credit report on Lessee.

PLEASE PRINT

LESSEE NAME: _____ DATE OF BIRTH _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

DRIVER'S LICENSE NO. _____ SOCIAL SECURITY NO. _____

CREDIT CARD # _____ EXP. DATE ____/____/____

TYPE OF CREDIT CARD VISA MASTERCARD DISCOVERY AMEX CARD VERIFICATION # _____

RELATIVE NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ CITY, STATE, ZIP: _____ PHONE: _____

RENTAL PLANS:(type pump) _____ Daily =\$ _____ 7 days =\$ _____ 30 days =\$ _____ Other _____

*I hereby agree to the terms and conditions of this rental agreement. I also authorize **Rental Station** to charge my credit card according to the plan selected above and the terms of this rental agreement if payment is not made by cash or check at time of rental.*

SIGNATURE of LESSEE: _____ **DATE** _____

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.

OFFICE USE ONLY:	_____ Single Collection Kit	Payment made by: <input type="checkbox"/> Cash
	_____ Double Adapter Kit	
	_____ Double Collection Kit	<input type="checkbox"/> Credit Card
	_____ Rental Fee (7-days)	<input type="checkbox"/> Check No. _____
	_____ Rental Fee (30-days)	
	_____ Other _____	
	_____ Other _____	Monthly payment: <input type="checkbox"/> Bill & Pay by Mail
	_____ Sub Total	<input type="checkbox"/> Charge to Credit Card
	_____ Sales Tax ____ % or <input type="checkbox"/> RX	
	_____ TOTAL	