

# Rental Agreement

**Rental Station**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

| Type of Equipment                             | Serial Number(s)              |
|---|-------------------------------|
| <input type="checkbox"/> Symphony® Breastpump | ____/____/____/____/____/____ |
| <input type="checkbox"/> Classic™ Breastpump  | ____/____/____/____/____/____ |
| <input type="checkbox"/> Lactina® Breastpump  | ____/____/____/____/____/____ |
| <input type="checkbox"/> PowerPak             | ____/____/____/____/____/____ |
| <input type="checkbox"/> Phototherapy         | ____/____/____/____/____/____ |
| <input type="checkbox"/> Scale                | ____/____/____/____/____/____ |
| <input type="checkbox"/> Suction              | ____/____/____/____/____/____ |
| <input type="checkbox"/> _____                | ____/____/____/____/____/____ |

**Lessee (Please print)**

Name of Person Using Equipment \_\_\_\_\_ Partner's Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Partner's Place of Employment \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Telephone Number Evening Telephone Number

(\_\_\_\_\_) \_\_\_\_\_  
Social Security Number (optional) Partner's Work Number

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Name of person signing contract, if different from above \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

|   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------|
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |         |
| <b>a. Daily Rental</b>  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |         |
| Total Rental Days   | _____ @ \$_____ /day =   | \$_____                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |         |
| <b>b. Weekly Rental</b>   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |         |
| Total Rental Weeks  | _____ @ \$_____ /day =   | \$_____                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |         |
| <b>c. Monthly Rental</b> ( _____ - month minimum)               |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |         |
| _____ months  | @ \$_____ /mo. =         | \$_____                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |         |
| Additional Month  | @ \$_____ /mo. =         | \$_____                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |         |
| Additional Month  | @ \$_____ /mo. =         | \$_____                  |                          |                          |                          |                          |                          |                          |                          |                          |                          |         |
| Additional Rental Fees will be charged if not returned on time. |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |         |
| Total Rental  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |
| Total Rental Sales Tax @ _____%                                 |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |
| <b>d. Additional Items</b>                                      |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |         |
| Accessory Kit _____   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |
| Accessory Kit _____   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |
| Additional Item _____   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |
| Additional Item _____   |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |
| Lost/Damaged Items _____  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |
| Total Additional Items  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |
| Total Additional Items Sales Tax @ _____%                       |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |
| <b>Grand Total</b>  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |
| Less Deposit  |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |
| Refund/Additional Amount Due                                    |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          | \$_____ |

**Type of Payment**

Credit Card

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Authorization Code \_\_\_\_\_

I authorize Rental Station to charge my credit card according to the plan selected.

Signature of card holder \_\_\_\_\_

Check or Money Order \$ \_\_\_\_\_ Check # \_\_\_\_\_

Cash \$ \_\_\_\_\_

**Deposit and Prepayment**

The Rental Station has received a deposit of \$ \_\_\_\_\_ which will be refunded when Product is returned to the Rental Station in clean condition and in good repair. The Rental Station has further received a prepayment of \$ \_\_\_\_\_ which will cover the rental fee until \_\_\_\_/\_\_\_\_/\_\_\_\_.

**PRIVACY NOTICE**

We collect nonpublic personal information about you from information you provide on applications or other forms. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We restrict access to nonpublic personal information about you to our employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**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 plans below. The rental fee is due in advance.
- The rental rates 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.
- Lessee agrees to inform the Rental Station of any change of address.
- Lessee agrees not to move the equipment out of this State without the consent of the Rental Station.
- 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 clean, Lessee agrees to pay Rental Station a minimum cleaning fee of \$10.00.

- Lessee agrees to return the equipment in good repair. If the equipment is not in good repair, Lessee agrees to pay Rental Station a minimum charge of \$30.00.
- This Agreement shall be construed under the laws of the State where the Rental Station is located.
- The Lessee shall be responsible for all reasonable legal fees and other costs involved in collection of overdue amounts and/or recovery of equipment.
- The Rental Station has the right to cancel this agreement at any time with three days notice.
- Lessee agrees to allow Rental Station, Medela, Inc. or any agency involved in collection of overdue amounts and/or equipment to obtain 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**

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of responsible party must be at least 18 years of age

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Rental Station Representative

**Follow Up Status**

1st Notice \_\_\_\_/\_\_\_\_/\_\_\_\_ Rental Date \_\_\_\_/\_\_\_\_/\_\_\_\_

2nd Notice \_\_\_\_/\_\_\_\_/\_\_\_\_ Return Date \_\_\_\_/\_\_\_\_/\_\_\_\_

3rd Notice \_\_\_\_/\_\_\_\_/\_\_\_\_

**Customer Receipt — Detach upon return of equipment**

I have checked the Medela Product in accordance with the checklist.

Return Date \_\_\_\_\_ Rental Station Representative \_\_\_\_\_

Yellow Copy — Lessee

Green Copy — Patient Insurance

White Copy — Rental Station