

Rental Agreement

1511147

Rental Station
 Name Johns Hopkins A/C/N
 Address 501 Sixth Avenue South
 City St Petersburg State FL Zip 33701
 Telephone Number (727) 767-2929

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 _____

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

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<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"/>	<input type="checkbox"/>
a. Daily Rental	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>											
b.												
c.												
d.												
e.												
f.												
g.												
h.												
i.												
j.												
Gr:	_____											
Less:	_____ \$											
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 \$ _____

If product is not returned on time, Rental Station is authorized to bill my credit card number for any additional months.

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 non-public protected health information about you from information you provide on applications or other forms. We do not disclose any non-public protected information about our customers or former customers to anyone, except as permitted by law. We restrict access to non-public protected 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 non-public protected 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 WARRANTIES 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

_____ Date _____
 Signature of responsible party must be at least 18 years of age

_____ 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