



BREAST PUMP RENTAL AGREEMENT

Required Renter Information - PLEASE PRINT

SPAID NURSING SERVICE
1941 BISHOP LANE SUITE 102
LOUISVILLE, KY 40218
(502) 637-5474

Name: _____
Address: _____
City, State, Zip: _____
*Social Sec. # _____
(if renter does not have a Social Security number, please enter passport number)

Drivers License or State ID #: _____
Date of Birth: _____
Daytime Phone #: _____
Evening Phone #: _____
E-mail (optional): _____

Renter agrees to the following terms and conditions:

- * To handle the breast pump with the utmost care and pay Hollister the current list price for damaged and/or missing parts
- * To return the pump in the same condition as received. Renter agrees to pay a cleaning fee for any soiled breast pump. Renter agrees to pay all repair costs for damages incurred during the agreement period.
- * To immediately inform the rental station of any changes to information put forth in this agreement such as change of residence or phone numbers.
- * To immediately inform the rental station of any changes to the credit card account used to secure this agreement.
- * To pay any tax imposed by reason of this transaction.
- * The renter shall have no right, title or interest therein except as set forth in this agreement. The breast pump shall not be removed from the state in which it was rented without verbal authorization and terms from the rental station.
- * That the breast pump will remain the property of Hollister/the rental station.
- * Renter shall accept full responsibility for the proper use and return of the breast pump, its case and its contents.
- * The renter shall not allow the pump to be used by any other person and shall accept full responsibility for the return of the pump.
- * Upon signature of the renter, it is acknowledged that the breast pump and all accessories have been delivered in good condition. Hollister and the rental station assume no responsibility for any damages to the renter or breast pump if any kit other than the Ameda HygieniKit is used for milk collection.
- * This agreement shall automatically terminate upon written or oral notice by the renter or the rental station. Upon such notice, the renter shall have two (2) business days in which to return the breast pump to the Rental Station and pay account in full.
- * Renter agrees to pay all fees including collection and court costs if contract is not fulfilled and/or renter fails to return the breast pump and/or pay contract in full.
- * **If Renter fails to return pump, Rental Station will charge Renter's credit card on file for the current suggested retail price for the pump rented.**

Renter agrees to pay the listed charges and to adhere to the rental conditions listed above. Rental Station has demonstrated to me that the pump is clean and is in good working condition.

X _____
Signature of Renter _____ Date _____

Payment/Security Deposit Information
Credit Card Type: Visa MasterCard Other
Credit Card #: _____ Exp. _____

Breast Pump Serial Number: _____

Style: Elite Lact-E SMB

Rental Charges

\$ _____ per day for first _____ days \$ _____
\$ _____ per day thereafter \$ _____
\$ _____ per _____ month(s) \$ _____

TOTAL RENTAL CHARGES: \$ _____

Product Sales _____ \$ _____

Tax _____ % (if applicable) \$ _____

Cleaning/damage charges \$ _____

Less deposit \$ _____

Refund/Balance Due \$ _____

Settlement

Rental charges have been paid in full and the condition of the pump, case and accessories have been checked.

X _____
Signature of Rental Station Agent _____ Date _____