

AVAZZIA DEVICE RENTAL AGREEMENT

Prescription of Avazzia Device is given by the doctor to a patient of record for pain relief. Patient rents the device from _____, LLC (Vendor).

Rental of Avazzia Device is @ _____/week or _____ /Day.

This agreement is made and entered into by _____, LLC ("Vendor") and _____ ("Client"). Located at _____.

The rental is to be pre-paid at the time of this agreement (no exceptions). Any additional days or weeks rented must also be paid in advance.

If patient decides to purchase the device then 50% of the rental charge will go towards the purchase.

_____ will take credit card information to charge your card in case of any damages to or loss of the device while in your possession. By this Agreement I Authorize the Charge in case of damage or loss of the device. _____ will examine the device for any damage when it is returned.

Patient will have to purchase separately their own electrodes from First Alternatives, LLC at www.firstalternativetherapies.com

Proper identification and phone numbers and address where device will be used have to be supplied to vendor. Agreement has to be signed by patient and witnessed.

Note: The following Guidelines will need to be adhered to:

DO NOT DROP THE DEVICE (THIS VOIDS THE WARRENTY)
DO NOT OPERATE NEAR WATER (BATHTUB, TOILET, SINK, ETC.)
DO NOT PULL ON ELECTRODE LEAD WIRES EXCEPT AT THE PIN.
DO NOT PULL ON THE ELECTRODE PADS BY THE WIRES AS THIS WILL
DAMAGE THE ELECTRODE AND/OR LEAD WIRE.
DO NOT LET ANYONE PLAY WITH THIS DEVICE, THIS IS NOT A TOY.
NEVER HOLD THE DEVICE WITH YOUR FINGERS ON THE ON-BOARD
ELECTODES AS IT MAY SHOCK YOU AND CAUSE YOU TO DROP THE
DEVICE. When the electrode least wire is plugged in to the device the
on-board electrodes are not active).

MAKE SURE YOU UNDERSTAND THE OPERATION OF THE DEVICE
(Power Button + AND – Intensity Buttons, Mode Selector buttons,
Indicator lights, Lead Wire/Accessory port, How to keep device from
timing out at 1 hour).

This agreement is subject to the laws of the state of Florida, USA; should any portion
of this contract be found to be invalid or unenforceable, the remainder of the
contract shall remain in force to the extent that it complies with Florida law and
local statute. This contract constitutes the entire agreement between both
parties and supersedes any and all verbal and/or written agreements between the p
arties. Any amendment hereto must be in writing, signed by both parties and
attached to this document.

Print Name of Renter

Address of Patient (where device is to be used)

X _____
Signature of Responsible Party

Phone #'s

Date

X _____
Office Witness

Serial Number of Device: _____