

First Alternatives Rental Agreement

Items interested in Renting:

<u>Product Name</u>	<u>Price/Week</u>	<u>Amount</u>
<input type="checkbox"/> Avazzia Blue	(\$ 50)	_____
<input type="checkbox"/> Avazzia BEST Pro 1 RX*	(\$ 75)	_____
<input type="checkbox"/> Avazzia BEST RSI RX*	(\$ 100)	_____
<input type="checkbox"/> Avazzia Best Vet Pro	(\$ 75)	_____
<input type="checkbox"/> Avazzia Ezzi Lift w Lights	(\$ 50)	_____
<input type="checkbox"/> Avazzia MedSport	(\$ 75)	_____
<input type="checkbox"/> Avazzia BEST ProSport 3 RX*	(\$ 225)	_____
<input type="checkbox"/> Avazzia BEST Pro Ultra RX*	(\$ 175)	_____
<input type="checkbox"/> QRS Matt	(\$ 225)	_____

Requires Prescription RX*

This Agreement is made and entered into by _____, a representative of _____ Hereinafter referred to as "Renter". The Renter is Located at _____. The device will be rented from First Alternatives LLC Hereinafter referred to as the "Provider". The devices desired to be rented Hereinafter will be referred to as the "Rental".

The Rental is to be prepaid 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 Rental, a percentage of the rental charge as deemed by First Alternatives LLC may be put towards the purchase price of the device.

The Provider will take credit card information to charge the Renters account in case of any damages to or loss of the device while in the Renters possession. By this Agreement I, The Renter Hereby Authorize the charge in case of damage or loss of the Rental. _____ (Renters Signature)

The Provider will examine the device for any damage when it is returned. The Renter will have to purchase separately their own pads.

Proper Identification, Phone Numbers, and Address where Rental will be used have to be supplied to the Provider. Agreement has to be signed by the Renter and the Provider.

RENTER INITIALS _____

Credit Card Authorization Form

CardHolder Information

Name: _____
Billing Street Address: _____
City: _____ State: _____ Postal Code: _____
Country: _____ Email: _____
Direct Telephone: _____

I Hereby affirm that I am the owner of the below referenced card and that my name is listed on the front of the credit card.

I Hereby authorize First Alternatives LLC to charge my credit card (listed below) for the payment of goods agreed upon above.

Account Holder Signature

Credit Card Information

Credit Card Type: Mastercard Visa American Express Discover Card
Number: _____
Expiration: _____ Security Code: _____
Cardholder Signature X _____ DATE: _____

Shipping Address

Street Address: _____
City: _____ State: _____ Postal Code: _____
Country: _____ Email: _____
Phone: _____

A Shipping(To be determined by Address) and setup fee (\$20) will be charged with your first week of renting. Shipping will be processed as fedex ground unless otherwise specified. To request quicker shipping at an additional cost you may contact the office at 954-789-2097.

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

DO NOT DROP THE DEVICE (THIS VOIDS THE WARRANTY)
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 ELECTRODES AS IT MAY SHOCK YOU AND CAUSE YOU TO DROP THE DEVICE.

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 statutes. This contract constitutes the entire agreement between both parties and supersedes any and all verbal and/or written agreements between the parties. Any amendment here to must be in writing, signed by both parties and attached to this document.

If The Rental requires a prescription for purchase then the Renter must submit a written prescription via fax, email, or docusign to the office of the Provider.

This Agreement can be submitted via Docusign, Fax, or Email.

Print Name of Renter

Address of Patient(Where Rental is used)

X _____
Signature of Renter

Phone Number of Renter

DATE

x _____
Office Witness

FOR OFFICE USE:

Serial Numbers Associated with Rentals:

Expected Renter Rental Arrival: _____

Total Weekly Rental Cost: _____

Return Date: _____