



651 Colliers Way, Suite 201  
Weirton, WV 26062  
Phone: 304-723-4700

4100 Johnson Road, Suite 100  
Steubenville, OH 43952  
Phone: 740-284-7000  
Fax: 304-723-4719

600 Market Place Drive  
Oakdale, PA 15071  
Phone: 724-218-1894

### Required Renter Information

**Name:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**Daytime Phone:**

\_\_\_\_\_

**Evening Phone:**

\_\_\_\_\_

**Cell Phone:**

\_\_\_\_\_

**Social Security Number:**

\_\_\_\_\_

**Drivers License:**

\_\_\_\_\_

**Date of Birth:**

\_\_\_\_\_

### Credit Card Information

**(This Credit Card on file will be charged on the 1<sup>st</sup> of every Month)**

<b>Circle One:</b>	<b>MasterCard</b>	<b>Visa</b>
<b>Card Number:</b>	_____	
<b>Exp Date:</b>	_____	
<b>Card Verification Number: (CVR):</b>	_____	
<b>Signature:</b>	_____	(on back of card)
		<b>Date:</b>
	_____	

**Breast Pump Information**

- **Deposit: \$45.00 (Non Refundable)**
- **Pump Charge: \$45.00 per month**
- **Starter Kit: \$60.00**

**Renter agrees to the following terms and conditions:**

- **To return the breast pump in the same condition as received**
- **Renter agrees to pay a cleaning fee for any soiled breast pumps (Fee \$25.00)**
- **The renter shall have no right, title, or interest in the breast pump, except set forth in this agreement**
- **That the breast pump will remain the property of All About Women Health Associates**
- **Renter shall accept full responsibility for the proper use and return of the breast pump, case, contents and accessories**
- **Renter will not allow breast pump to be used by any other person**
- **Renter must notify All About Women Health Associates within 2 days of receipt of pump if damage is noted. Otherwise pump will be assumed received in good, working condition**
- **This agreement shall automatically terminate upon written notice by the renter or All About Women Health Associates. Upon such notice, the renter shall have 2 business days in which to return the breast pump to All About Women Health Associates and pay account in full**
- **Renter agrees to pay all fees, including collection and court costs, if this agreement is not fulfilled and/or renter fails to return the breast pump asset forth herein and/or pay contract in full**
- **If renter fails to return the breast pump, All About Women Health Associates will charge renter's credit card on file for the current suggested retail price for the breast pump rented (\$600.00)**

- **To handle the breast pump with the utmost care and pay All About Women Health Associates the current list price for damaged and/or missing parts**
- **To immediately inform All About Women Health Associates of any changes to the credit card account used to secure this agreement**
- **Renter agrees to pay all repair cost for damage incurred during rental period**

**Renter agrees to pay all charges and to adhere to the rental conditions listed above:**

**Signature of Renter:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_