

Part 1

O2 Rental Agreement

Name:

First Name: _____ M.I. _____ Last Name: _____

Billing Address:

Address: _____ Date of Birth (xx/xx/xxxx): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Billing Address Same as Shipping? Yes No

Responsible Party (if applicable):

First Name: _____ M.I. _____ Last Name: _____

Shipping Address (if applicable):

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Portable Rental Details:

Your rental will start on the date selected below. It is recommended to select a delivery one day before the planned vacation. Rental will end the day concentrator is shipped back, per tracking information.

Rental Start Date (xx/xx/xxxx): _____ Rental End Date (xx/xx/xxxx): _____ Rental Days _____

Concentrator Name	Serial Number	
\$ 40.00 \$ per day	X	Rental Days = \$ _____ Base Concentrator Cost
\$ 5.00 Add'l Battery Charge per day	X Battery Qty X Days Rented	= \$ _____ Add'l Battery Rental Cost
Ship to Costs		Ship To Cost: \$ 35.00
<input type="radio"/> Saturday* \$165	<i>Do you have oxygen accessories? Add optional O2 Starter Kit \$15.00</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Return Shipping: \$ _____
<input type="radio"/> Next Day \$155		Optional O2 Starter Kit \$ _____
<input type="radio"/> Second Day \$90		
<input type="radio"/> Ground \$45		O2 Rental Cost \$ _____
* If Available		

Payment Details: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number _____

CVV Number _____ Expiration Date _____/_____/_____

Fax your valid prescription and/or physician's statement to: **888-383-7335**

What if I Need to Cancel?
If canceled one (1) week prior to our ship date, money is returned in full less a \$50 processing fee. If canceled less than one (1) day prior to shipment, money will be returned minus \$100 processing fee. Once rental is shipped, full charges apply.

Prescription:
We will require a valid prescription or physician's statement before we can ship. If you are flying, most airlines will require this physician's statement anyway, just send us a copy.

Shipping:
Customer will be billed for shipping. A pre-paid return shipping label will be sent with unit.

Governing Law:
This agreement and its interpretation is governed by the laws of the state of Utah.

Limitation of Liability:
In no event will VITALITY MEDICAL be liable to the Customer for any incident or injury, indirect or consequential damages however caused. Customer takes full responsibility for any and all damages and therefore repairs costs and late fees that may arise should the product be damaged during the rental period.

The Customer agrees to protect, indemnify and hold harmless VITALITY MEDICAL from and against all claims, damages and costs including legal expenses arising from the Customer's use of this Equipment.

Customer Initials

Part 2

Security Hold:

A hold is a pre-authorization on your card that a merchant uses to ensure that product is returned. A hold will lower your available balance, limiting the money you can spend, but it does not reduce your posted or actual balance until the hold is finalized. The hold will fall off of your account once the concentrator is returned and the account has been reconciled.

Loss or Damage: In the event any item(s) rented shall become lost, stolen, destroyed beyond repair and rendered permanently unfit for use, I give consent for Vitality Medical to hold a security deposit of the base value of the concentrator and batteries on the credit card listed.

The amount held for the security hold is detailed below. Upon returning the rental items, we will subtract any additional rental days (per tracking). If unit is damaged we will deduct for repair costs before removing the security hold.

By signing below you are agreeing to the above terms and consent VITALITY MEDICAL to authorize an additional security deposit hold* on your credit card.

Signature (of patient or responsible party)

Date

Security Deposit Details:

Unit Name: Simplygo	Value: \$	<u>2,595.00</u>
Battery Quantity: _____ x \$ <u>175.00</u>	Value: \$	_____
Less Base Rental (Excluding Shipping):	-\$	_____
Total Security Deposit:	\$	_____

Convertible Rental to Purchase Option:

_____ \$ _____

No Smoking Policy: Smoking of any kind is prohibited in the presence of the oxygen concentrator whether it's in operation or turned off. In the event the unit comes back and has been exposed to smoke, we will charge \$150 plus the cost of the replacement filters for that unit. This amount will be deducted from the Security Hold.

Internal Reconciliation- Do Not Fill This Section

Tracking Return Date: _____

Received Date: _____

Total Additional Rental Days: _____

Any Net Additional Charges: _____