



DEVICE RENTAL AGREEMENT

hipGRIP® kneeGRIP™ kneeGRIP II™ thighGRIP™ legGRIP™ X-Guide™

Rental fees are \$50.00 per day beginning the day you receive the Equipment rental set. Shipping days do not count against your Equipment rental fees. The hospital will be financially responsible for shipping charges and any lost or damaged parts. Shipping is to be **FedEx 2-Day Economy (BOTH directions)** and packed in a box to protect the carrying case and/or parts from damage during shipping.

SunMedica Corporation, located at 1661 Zachy Way, Redding, California 96003, is providing you with the orthopedic equipment indicated above (the "Equipment") solely for rental purposes. Your facility will be charged Fifty Dollars (\$50.00) per day for the Equipment rental beginning the day you receive the set. Title to the Equipment shall at all times remain with SunMedica.

Your facility will be financially responsible for the return of the Equipment to SunMedica upon the conclusion of the Rental Period. SunMedica shall maintain Product Liability and General Comprehensive insurance at all times in the amount of One Million Dollars (\$1,000,000.00) per claim. Your facility is responsible for the Equipment during the Rental Period and agrees to return the Equipment in the same condition as was delivered to you, subject to normal wear. You are also responsible for using the Equipment for its intended purpose in accordance with its instructions for use. If the equipment is used for anything other than the intended use, then SunMedica does not make any representation or warranty with respect to the use of the equipment or to the safety of the equipment either expressed or implied. Should you wish to purchase the equipment from SunMedica, your sales representative will assist you.

SHIP TO:

Hospital Name _____
Address _____
City _____ State _____ Zip _____
OR Contact Person _____ Phone# _____ Fax# _____

DATE THE DEVICE NEEDS TO ARRIVE BY: _____

BILL TO:

Accounts Payable _____
Address _____
City _____ State _____ Zip _____
AP Contact Person _____ Phone# _____ Fax# _____

PURCHASE ORDER NUMBER _____ Terms: Net 30 day a finance charge of 2% will

begin on the 31st day. I, (Print Name & Title) _____

am an authorized agent and have read and agree to the above stated terms.

SIGNATURE: _____ **DATE:** _____

TO EXPEDITE YOUR REQUEST: 1.) FAX agreement 2.) CALL to verify that it's been received.

www.sunmedica.com

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