

**Breast Pump Rental Agreement**

Northwestern Memorial Hospital (NMH) Agrees to Rent a Breast Pump to the Renter according to the terms and conditions listed below

Required Renter Information-Please Print

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

Name (Renter): _____	
Driver's Lic. or State ID #: _____	
Address: _____	Date of Birth: _____
City, State, Zip: _____	
Daytime Phone #: _____	Evening Phone #: _____
Email (optional): _____	Renter NMH Patient: Yes No

**Payment/Security Deposit Information**

Credit Card Type: \_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover Last 4 Digits of Credit Card: \_\_\_\_\_ Exp. \_\_\_\_\_

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

Breast Pump Serial #: \_\_\_\_\_

Total Rental Charges: \$ \_\_\_\_\_ First Month \$ \_\_\_\_\_ 3 Months

\*\*\* Rental credit card listed above will be charged \$ \_\_\_\_\_ every \_\_\_\_\_ day of the month for an additional month if not returned by return date. \*\*\*

**Rental terms & conditions:**

1. The equipment remains the property of Medela, Inc. McHenry, IL. Renter has no rights to such equipment except as expressed in this agreement.
2. Renter agrees to pay the rental fees in accordance with the fee structure established shown under the rental payment plans above. The rental fee is due in advance. The first monthly payment is due upon receipt of the equipment.
3. All first month rentals include accessory kit. Charges for rentals without the kit will not be altered.
4. Renter agrees to inform NMH of any change of address.
5. Renter agrees not to move the equipment out of this state without consent of NMH.
6. Renter agrees to allow no person other than Renter to use the equipment provided.
7. **Renter agrees to return the equipment in clean condition. If the equipment is not clean, Renter agrees to pay NMH a minimum cleaning fee of \$10.00.**
8. **Renter agrees to return the equipment in good repair. If the equipment is not in good repair, Renter agrees to pay NMH a minimum change of \$30.00.**
9. This agreement shall be construed under the laws of the state of Illinois.
10. The Renter shall be responsible for all reasonable costs of collection of overdue amounts and/or recovery of equipment.
11. NMH has the right to cancel this agreement at any time with three days notice. Cancellation is effective on receipt of the returned equipment.
12. Renter authorizes NMH, Medela, Inc. or any agency involved in collection of overdue amounts and/or equipment to obtain a credit report on Renter.
13. **Rental credit card will be charged for additional month(s) if not returned by return date listed above.** If renter fails to return pump, within 3 months from return date, NMH will charge Renter's credit card on file for the current suggested retail price for the pump rented.
14. **NMH does not offer refunds on pump rentals or breast pump accessories.**

NMH warrants repairing or replacing any equipment which is or becomes defective under normal use. NMH and Medela, Inc. will not be liable for incidental, consequential, or any other damages resulting from defective equipment; their liability is limited to repair or replacement of the equipment. This warranty is given in lieu of all other warranties expressed or implied.

X \_\_\_\_\_  
Signature of Renter or Responsible party (over 18 years of age) Date

X \_\_\_\_\_  
Northwestern Memorial Hospital Date

WHITE- NMH Copy YELLOW-Renter Copy