

RENTAL APPLICATION: TESLAFIT PRO DESKTOP SYSTEM

To submit your application, please print this form, read it thoroughly, fill it out completely and email it to info@drpawluk.com. Questions? Call 1-866-455-7688.

SHIPPING INFORMATION (NO PO BOX):

Name	
Street Address	
City	
State, Zip code	
Email Address	
Phone Number	

BILLING INFORMATION (IF DIFFERENT):

Name	
Street Address	
City	
State, Zip code	

Description	Cost	Total
TESLAFIT PRO DESKTOP SYSTEM Includes TESLAFIT PRO Desktop Control Box, 2 standard coils (loop, butterfly), paddle coil, power cord, user manual	45 DAYS: \$1,500.00	\$ 1,500
SECURITY DEPOSIT Refundable upon return of system to Health Energy Partners, LLC	\$2,000	\$2,000
FREE SHIPPING WITHIN US Hawaii, Alaska: Contact Us for Pricing	Free	Free
		\$3,500

METHOD OF PAYMENT

Visa MasterCard Discover

Credit Card Number _____ Expiration Date _____

Name as it appears on card _____ CVV (3 digit number): _____

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Rental start date begins date of receipt of unit according to courier delivery confirmation.

Rental Fee & Deposit: Prepaid

Shipping fee waived in the continental United States.

Upon rental completion date, renter must contact Health Energy Partners (www.drpawluk.com) if he/she wishes to return the TESLAFIT PRO System. If Health Energy Partners is notified of the return on or before the rental end date, renter is granted 7 days after the rental end date to return the system to the manufacturer, Health Energy Partners. Health Energy partners will provide return shipping instructions. User responsible for return shipping costs. Return Delivery Address: 1001 Cromwell Bridge Rd, Suite 312, Towson, MD 21286.

USER AGREES:

1. To insure, protect and be responsible for the safe keeping of the TESLAFIT PRO.
2. To return the TESLAFIT PRO in good physical condition (not including electrical condition, which User is not responsible for) or pay the balance due for the device within 7 days after the termination of this Agreement.
3. That the TESLAFIT PRO at all times remains the property of the manufacturer, Health Energy Partners., and the User has no title or property interest in the TESLAFIT PRO
4. To pay all costs of collection if Equipment is not returned to Health Energy Partners within 7 days after the termination date of this Agreement.
5. to having converted three month rental to a theft if the User fails to return the equipment or pay for it within 7 days after the termination of this Agreement.
6. The failure to return the TESLAFIT PRO Equipment at the end of 7 days will be treated as if User was an Independent Agent of Health Energy Partners. and consequently, an IRS Form 1099Misc. will be issued for the standard weekly/monthly rental fee(s) due and payable for each subsequent week/month; until the TESLAFIT PRO is returned to Health Energy Partners.
7. To pay all freight and related insurance costs associated with the return shipment of specified TESLAFIT PRO equipment to Health Energy Partners.

If renter does not return the TESLAFIT PRO System at the end of the contract period, the manufacturer will issue an IRS Form 1099-Misc each month indefinitely until the TESLAFIT PRO is returned. If renter wishes to purchase the TESLAFIT PRO System at the end of the 45 day rental period, the entire \$1,500 will be applied towards the purchase price of \$20,250 and the user will owe the entire difference of \$20,250, immediately payable to Health Energy Partners (www.drpawluk.com). Applicable sales tax will be added on to purchase price if unit is purchased.

Waiver of Liability: TESLAFIT PRO products are not intended to be used to diagnose, treat, cure or prevent any disease. TESLAFIT PRO products are not intended to replace conventional medical treatments, but are to be used as a supportive and complementary application. TESLAFIT PRO products have not been approved by the FDA. Please contact your doctor first when you have an existing health problem. The undersigned releases Health Energy Partners, Dr. Pawluk, www.drpawluk.com, the manufacturer Health Energy Partners, and its independent consultants from any claims, demands or legal actions and legal costs from any personal injury or death deemed as a result of a TESLAFIT PRO product.

USER NAME (PRINTED) _____ DATE _____

USER'S SIGNATURE _____