

Rental Terms & Waiver of Liability

RENTAL PERIOD IS 45-DAYS.

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

The rental fee and security deposit must be prepaid. Renter is responsible for return shipping charges if applicable

Upon rental completion date, renter must contact Health Energy Partners (www.drpawluk.com) if he/she wishes to return the TESLAFIT DUO 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 Health Energy Partners and return shipping instructions will be provided. User responsible for return shipping costs. *Return Delivery Address: Health Energy Partners, 1001 Cromwell Bridge Rd, Ste. 312, Towson, MD 21286.*

USER AGREES:

1. To insure, protect and be responsible for the safe keeping of the TESLAFIT DUO.
2. To return the TESLAFIT DUO in good physical and working condition, or pay the balance due for the device within 7 days after the termination of this Agreement.
3. That the TESLAFIT DUO at all times remains the property of Health Energy Partners, and the User has no title or property interest in the TESLAFIT DUO.
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 45-day 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 DUO 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 1099-Misc. will be issued for the standard weekly/monthly rental fee(s) due and payable for each subsequent week/month; until the TESLAFIT DUO is returned to Health Energy Partners.
7. To pay all freight and related insurance costs associated with the return shipment of specified TESLAFIT DUO equipment to Health Energy Partners.

If renter does not return the TESLAFIT DUO System at the end of the contract period, the manufacturer will issue an IRS Form 1099-Misc each month indefinitely until the TESLAFIT DUO is returned. If renter wishes to purchase the TESLAFIT DUO System at the end of the 45-day rental period, the entire \$3,200 will be applied towards the purchase price of \$13,500 and the user will owe the entire difference of \$10,300 immediately payable to Health Energy Partners (www.drpawluk.com). Applicable sales tax will be added on to purchase price if unit is purchased and customer resides in California, Georgia, Illinois, or Maryland.

Waiver of Liability: TESLAFIT DUO products are not intended to be used to diagnose, treat, cure or prevent any disease. TESLAFIT DUO products are not intended to replace conventional medical treatments but are to be used as a supportive and complementary application. TESLAFIT DUO 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, PEMF Systems, 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 DUO product.

USER NAME (PRINTED) _____ **DATE** _____

USER'S SIGNATURE _____

Rental Order Form: TESLAFIT DUO DESKTOP SYSTEM

To place your order, please fill out and fax or email this form to 847-299-8452 or info@drpawluk.com

QTY	DESCRIPTION	AMOUNT	TOTAL
	TESLAFIT DUO DESKTOP SYSTEM Includes TESLAFIT DUO Desktop Control Box, 3 standard coils (loop, butterfly, paddle), 18"x23" Mat, power cord and user manual	45-DAYS: \$1,200	\$1,200.00
	SECURITY DEPOSIT Refundable upon return of system to manufacturer	\$2,000	\$2,000.00
	SHIPPING FEE: 2-day shipping Continental US only, no rentals to Hawaii and Alaska	\$40	\$40.00
TOTAL AMOUNT DUE...			\$ 3,240.00

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	
Email Address	
Phone Number	

METHOD OF PAYMENT:

Visa MasterCard Discover American Express

Credit Card Number _____ **Expiration Date** _____

Name on Card _____ **CVV Code** _____