

# Rental Order Form: TESLAFIT + 2 DESKTOP SYSTEM

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

## 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	

QTY	DESCRIPTION	AMOUNT	TOTAL
	<b>TESLAFIT + DESKTOP SYSTEM</b> Includes TESLAFIT + 2 Desktop Control Box, 2 standard coils (loop, butterfly), 18"x23" Mat, 8" paddle and power cord.	<b>45-DAYS:</b> \$800	\$800.00
	<b>SECURITY DEPOSIT</b> Refundable upon return of system to manufacturer	\$2,000	\$2,000.00
	<b>SHIPPING FEE:</b> 2-day shipping Continental US only, no rentals to Hawaii and Alaska	\$40	\$40.00
<b>TOTAL AMOUNT DUE...</b>			<b>\$ 2,840.00</b>

## METHOD OF PAYMENT:

Visa
  MasterCard
  Discover
  American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ CVV Code \_\_\_\_\_

# 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](http://www.drpawluk.com)) if he/she wishes to return the TESLAFIT + 2 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. Return shipping instruction will be provided upon contact. User is 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 +.
2. To return the TESLAFIT + 2 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 + 2 at all times remains the property of Health Energy Partners, and the User has no title or property interest in the TESLAFIT +.
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 + 2 Equipment at the end of 7-days will be treated as if User was an Independent Agent of Health Energy Partner, 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 + 2 system is returned to Health Energy Partners.
7. To pay all freight and related insurance costs associated with the return shipment of specified TESLAFIT +2 equipment to Health Energy Partners.

**If renter does not return the TESLAFIT + System at the end of the contract period, Health Energy Partners will issue an IRS Form 1099-Misc each month indefinitely until the TESLAFIT + is returned. If renter wishes to purchase the TESLAFIT +2 System at the end of the 45-day rental period, the entire \$2,800 will be applied towards the purchase price of \$8195.00 and the user will owe the entire difference of \$5,395.00 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 + 2 products are not intended to be used to diagnose, treat, cure or prevent any disease. TESLAFIT + 2 products are not intended to replace conventional medical treatments but are to be used as a supportive and complementary application. TESLAFIT +2 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](http://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 + product.

**USER NAME (PRINTED)** \_\_\_\_\_ **DATE** \_\_\_\_\_

**USER'S SIGNATURE** \_\_\_\_\_