

## RENTAL APPLICATION: PEMF-120 DESKTOP SYSTEM

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

### RENTAL TERMS AND CONDITIONS

**Rental agreement is for 45-days.** Your rental period begins the date of delivery and ends 45-days after delivery. The rental fee and security deposit must be prepaid. Renter is responsible for return shipping charges.

**Before rental completion date, renter must contact Health Energy Partners regarding purchase of system or return of rental unit. 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 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 PEMF-120.
2. To return the PEMF-120 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 PEMF-120 at all times remains the property of Health Energy Partners, and the User has no title or property interest in the PEMF-120.
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 PEMF-120 Equipment at the end of 7 days will be treated as if User was an Independent Agent of Health Energy Partners, LLC. 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 equipment is returned to PEMF Systems.
7. To pay all freight and related insurance costs associated with the return shipment of specified PEMF-120 equipment to Health Energy Partners, LLC.
8. Sales tax is applicable if the shipping address of the unit is in California, Illinois, and Maryland. *Sales tax will be added to the total amount due if the unit is purchased.*

**If renter does not return the PEMF-120 System at the end of the contract period, Health Energy Partners will issue an IRS Form 1099-Misc each month indefinitely until the PEMF-120 is returned. If renter wishes to purchase the PEMF-120 System at the end of the 45-day rental period, the entire \$4,000 will be applied towards the purchase price and the user will owe the remaining balance, immediately payable to Health Energy Partners ([www.drpawluk.com](http://www.drpawluk.com)).**

**Waiver of Liability:** PEMF-120 products are not intended to be used to diagnose, treat, cure or prevent any disease. PEMF-120 products are not intended to replace conventional medical treatments, but are to be used as a supportive and complementary application. PEMF-120 products have not been approved by the FDA. Please contact your doctor first when you have an existing health problem. The undersigned releases Dr Pawluk, Health Energy Partners, [www.drpawluk.com](http://www.drpawluk.com) and any independent consultants from any claims, demands or legal actions and legal costs from any personal injury or death deemed as a result of a PEMF-120 product.

Renter's Name (Please print.) \_\_\_\_\_

Renter's Signature \_\_\_\_\_ Date \_\_\_\_\_

Renter's Social Security Number or Tax ID Number (required) \_\_\_\_\_

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### SYSTEM INFORMATION:

Item Description	Total
PEMF-120 System Includes PEMF-120 Desktop control unit, straight rope coil, single loop coil, double-loop butterfly coil, 18"x23" Mat, paddle applicator, and power cord	\$2,000 45-days
Security Deposit Refundable if unit is returned to Health Energy Partners in original condition	\$2,000
Shipping Fee	Free
<b>Total</b>	<b>\$4,000.00</b>

### 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 \_\_\_\_\_