**Rental Order Form: TESLAFIT+2 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**  |
|   | **TESLAFIT + DESKTOP SYSTEM** Includes TESLAFIT+2 Desktop or Portable Control Box, 12” Single Loop coil, 9” Double Loop coil, 7” paddle, 18” x 23” mat with grey carrying tote, power cord  | **45-DAYS**: $800  | $800.00  |
|   | **SECURITY DEPOSIT** Refundable upon return of system to office or applied to a device purchase. (See details below in waiver section) | $2,000  | $2,000.00  |
|   | **SHIPPING FEE:** Ground ShippingContinental US only, **NO** rentals to Hawaii and Alaska | $60 | $60.00 |
|  | **TOTAL AMOUNT DUE…**  |  **$ 2860.00**  |

**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) to obtain an return merchandise authorization number (RMA#) for return of the TESLAFIT+2 rental. 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 instructions and RMA# will be provided upon contact. User is responsible for return shipping costs.*****Return Delivery Address: Health Energy Partners, 1001 Cromwell Bridge Rd., Ste. 212, Towson, MD 21286.***

 **USER AGREES:**

1. To insure, protect and be responsible for the safe keeping of the TESLAFIT+2.
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+2.
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+2 System at the end of the contract period, Health Energy Partners will issue an IRS Form 1099-Misc each month indefinitely until the TESLAFIT+2 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 total purchase price of chosen TeslaFit system and optional applicators and the user will owe the entire difference, immediately payable to Health Energy Partners (**[**www.drpawluk.com)**](http://www.drpawluk.com/)**. Applicable sales tax will be added on to purchase price if unit is purchased and customer resides in California 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, 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+2 product.

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

**USER’S SIGNATURE**