

Biopton Rental Agreement

This agreement is between the OWNER and the RENTER

The OWNER: Stimtech Medical Limited (Stimtech)
Address: 8 Settlers Crescent, Ferrymead, Christchurch, 8023
Telephone: 022 122 5340 **Email:** william@stimtech.co.nz **Web:** www.bioptonhire.co.nz

The RENTER

Full Name: _____

Address: _____

Telephone: _____

Email: _____

Driver's licence copy provided (Y/N): _____ Proof of address copy provided(Y/N): _____

BIOPTRON KIT INCLUDES:

RRP

1 X	Medall Biopton unit with Full-Spectrum Medical Lens. Power Cord and Case	\$1,790
1 X	Fullerene Lens	\$290
1 X	Colour Therapy 7xLens Kit	\$850
1 X	Medall Stand	\$235

Weekly Rental Amount is \$100 (minimum of 4 weeks = \$400).

RENTAL INFORMATION:

Rental Start Date: ____/____/____ Rental End Date: ____/____/____

4 Weeks Rental \$400.00

Additional weeks @ \$100 per week \$ _____

Add Oxy Spray at \$45 each \$ _____

Freight if needed \$30 \$ _____

MISC \$ _____

TOTAL \$ _____

PAYMENT:

Name on Credit Card: _____

Card Number: _____

Expiration Date: ____/____/____ Security Number: _____

Signature: _____

(Should you prefer to provide your card details over the phone, contact 0800885774)

Agreement:

1. This rental agreement is for one Bioptron Medall System above to the RENTER for a minimum period of 4 weeks for a cost of \$100a week and \$30 delivery (where applicable).
2. The Bioptron covered by this agreement has been received by RENTER in good condition from STIMTECH and remains STIMTECH's property with assurance of STIMTECH's right of recovery with or without due process of law.
3. The RENTER acknowledges that the Bioptron System hereby rented is for the RENTER sole benefit and in the event of loss of or damage to the unit/s or the theft or destruction of the unit/s the RENTER shall be liable to and shall immediately pay STIMTECH for full retail price, plus rental fees, for the Bioptron System at the time of loss, damage or theft
4. The RENTER agrees to exercise care in the handling and operation of the Bioptron System.
5. The RENTER agrees to return the product to our office address via signed delivery.
6. If the Bioptron System is not returned in good condition by the end of the period stated above, STIMTECH will bill the RENTER for the amount indicated above using the card details provided to a member of staff at the start of this agreement.
7. STIMTECH is not responsible for compensating any loss of income or expenses that have resulted from any situation where the equipment fails to operate in accordance with the manufacturer's specifications and operation instructions. However, the OWNER shall refund the days the RENTER has paid for where the equipment has not been functioning.
8. The RENTER indemnifies and holds STIMTECH harmless for any liabilities like accidents, loss of equipment, injuries, sickness, side-effects or death of a person/s. The RENTER is solely responsible for the consequences of use of the product.
9. The RENTER shall pay all reasonable attorney and other fees, the expenses and costs incurred by STIMTECH in protecting its rights under this rental agreement and for any action taken by STIMTECH to collect any amounts due the STIMTECH under this rental agreement.
10. Should you wish to proceed to purchasing the Bioptron system outright, 50% of the total rental payments will be deducted as a gesture. Please contact us on 0800 774 885 or william@stimtech.co.nz, this offer will not be redeemable through any other sellers/agents.
11. The RENTER agrees to provide his/her own credit card detail, copy of driver's license and proof of address (e.g. utility bill, bank statement or insurance bill).

This agreement is entered into between STIMTECH and RENTER as of the date written below.

Renter's signature: I agree to the Terms & Conditions and charges as set forth above:

Sign _____ Date _____/_____/_____

COMPLETE AND EMAIL THIS FORM TO william@stimtech.co.nz