RENTAL AGREEMENT TERMS – ALL STAR MEDICAL LLC.

Hermitage Location 3520 Central Pike, Hermitage, TN 37076 Phone: 615-730-9438, Fax: 615-730-9462 Franklin Location 401B Coolsprings Blvd, Franklin, TN 37067 Phone: 615-567-6116, Fax: 615-807-4921

Customer Information	Payment Information
Name Address:	Name on card: Card# Exp: Code:
Phone: Email: User Weight:	**How would you like to be contacted for renewals?** (Text or Email) If text- include carrier name:

Rental	Start	Date	
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Rental End Date:

PLEASE PROVIDE A COPY OF PHOTO ID FOR SECURITY PURPOSES WITH THIS AGREEMENT

**Auto renewal: The Credit Card provided herein will be automatically charged after contact by email or text (data and messaging rates from the carrier apply), with or without customer response, for a renewal

term same as the prior one, unless other arrangements are made with the store**Initial____

Auto Renewal Example: You rent an item for (4) weeks at \$80 (May 3rd. thru June 3rd.). At the end of business on June 3rd, the agreement will automatically renew for 4 more weeks at \$80 unless the item is returned prior close of business. Rental of equipment starts the day the equipment is received in home or is picked up and stops when the equipment is returned or picked up.

Terms: All equipment has a "minimum" term in which it may be rented, and may vary depending on the item. In order to guarantee reservation full payment of rental will be due up front. The reservation payment is refundable with a minimum of notice of cancellation within (5) business days of the rental agreement start date.

Delivery / Install-Uninstall fees are NON-REFUNDABLE. Initial

EARLY RETURNS WILL NOT BE PRORATED. Initial

The Customer is responsible for replacement costs of damaged, missing or permanently stained rental equipment. In the event ALL STAR MEDICAL, LLC. Institutes legal proceedings to recover missing property or damages arising from the contract, All Star Medical LLC will be able to recover Legal Fees along with any additional costs to damaged equipment. If the equipment is returned damaged, and cannot be repaired, the customer will be notified and will be responsible for the designated replacement cost of the Equipment. In addition, customer agreesto place a valid credit card on file with All Star Medical LLC in order to cover said damages, incidentals, fees or rental renewals.

Initial

LESSOR MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, AS TO THE EQUIPMENT'S MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE.

Limitation of Liability and Indemnity: In no event will ALL STAR MEDICAL, LLC be liable to the Customer for any incident or injury, indirect or consequential damages however caused, whether by negligence or otherwise. Indemnity – The Customer agrees to protect, indemnify and hold harmless ALL STAR MEDICAL, LLC. From and against all claims, damages and costs including legal expenses arising out of Customer's use of the equipment. I agree that I have been instructed on how to use the equipment and take full responsibility for the proper use and care of the equipment during the rental period so that it is returned in the same condition as when received. I fully understand that I am responsible for any and all damages and repair costs that may arise from use of the equipment being rented by me.

Customer's Signature: Date:_____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:___Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:___Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:___Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:___Date:____Date:____Date:____Date:____Date:____Date:____Date:___Date:___Date:____Date:____Date:____Date:____Date:____Date:___Date:___Date:____Date:____Date:____Date:____Date:____Date:____Date:____Date:____

Customer's In-Store Return Signature:_____

Date: _____

Item Renting:							Length of Rental:										
Free Store Pickup (Hermitage or Franklin)?						Delivery?(see rates below)											
~~~ALL DELI	VER	FEES ARE	\$75	UNLESS I	νοτι	ED DIFFER	ENTL	ON ITEMS B	ELOV	V. DELIVER	Y DI	STANCE M	AY A	AFFECT DE	LIVE	RY FEE~~~	
					F	Power		Power			Be	edside			ш	timate	
	S	cooter	Sco	oter HD			Wh	eelchair HD	Cr	utches		mmode	Lift Chair		Sleep Chair		
1 Day	\$	45.00	\$	65.00	\$	50.00	\$	75.00		-		-		-	oreep enum		
2 Days	\$	90.00	\$	130.00	\$	100.00	\$	150.00		-		-		-			
1 Week	Ś	140.00	\$	180.00	Ś	140.00	\$	230.00	Ś	12.00	\$	25.00		-		-	
2 Weeks	\$	190.00	\$	230.00	\$	190.00	\$	305.00	\$	18.00	\$	30.00	\$	150.00	\$	250.00	
3 Weeks	Ś	240.00	Ś	280.00	Ś	240.00	\$	380.00	Ś	24.00	Ś	35.00	Ś	200.00	\$	325.00	
4 Weeks	Ś	290.00	Ś	330.00	Ś	290.00	\$	450.00	<b>•</b>	-	¥	-	\$	250.00	Ś	400.00	
5 Weeks	\$	340.00	\$	380.00	\$	340.00	\$	530.00		-		-	\$	300.00	\$	475.00	
6 Weeks	Ś	390.00	Ś	440.00	Ś	390.00	\$	600.00		-		-	\$	350.00	Ś	550.00	
7 Weeks	Ś	440.00	\$	490.00	\$	440.00	\$	680.00		-		-	\$	400.00	\$	625.00	
8 Weeks	Ś	490.00	\$	540.00	\$	490.00	\$	760.00		-		-	\$	450.00	\$	700.00	
9 Weeks	Ś	540.00	Ś	590.00	Ś	540.00	\$	840.00		-		-	Ś	500.00	Ś	775.00	
10 Weeks	Ś	590.00	Ś	640.00	Ś	590.00	\$	920.00		-		-	\$	550.00	Ś	850.00	
10 11 00 11	Ŷ	00000	Ŷ	0.0000	Ý	0,000	Ŷ	520100						0 Delivery		5 Delivery	
	H	Hospital Hospital		ospital	Knee		Cold Therapy		3 Ft - 8 Ft		10	-t - 12 Ft			Cervical		
	Bed Bed - HD		Walker		Pump		Ramp		Ramp		Patient Lift						
1 Day		-		-		-		-		-				-	-		
2 Days		-		-		-		-	\$	45.00	\$	55.00		-	-		
1 Week		-		-		-	\$	85.00	\$	75.00	\$	90.00		-		-	
2 Weeks	\$	125.00	\$	250.00	\$	60.00	\$	100.00	\$	95.00	\$	110.00	\$	75.00	\$	75.00	
3 Weeks	\$	150.00		-	\$	70.00	\$	115.00		-				-		-	
4 Weeks	\$	175.00	\$	450.00	\$	80.00	\$	130.00	\$	125.00	\$	150.00	\$	125.00	\$	140.00	
5 Weeks	\$	200.00		-	\$	100.00	\$	145.00	-				-		-		
6 Weeks	\$	225.00		-	\$	120.00	-		-				\$ 200.00		-		
7 Weeks	\$	250.00		-	\$	140.00	-		-				-		-		
8 Weeks	\$	275.00	\$	900.00	\$	160.00		-	\$ 205.00				\$ 250.00		-		
9 Weeks	\$	300.00		-	\$	180.00	-		-				-		-		
10 Weeks	\$	325.00		-	\$	200.00		-		-				-		-	
	\$12	5 Delivery	\$15	0 Delivery													
	Wh	eelchair	Wheelchair Walker			Modular Ramp		Stair Lift									
1 Day	\$	25.00	\$	35.00	\$	15.00	\$15 * linear foot		monthly		3 Months		\$300.00		per month		
2 Days	\$	35.00	\$	45.00	\$	30.00	\$		insta	ll/uninstall							
3 Days	\$	45.00	\$	55.00	\$	45.00	\$200	PLATFORM	m	onthly	1-Time						
1 Week		-		-	\$	55.00					Install -		6000				
2 Weeks	\$	60.00	\$	70.00	\$	65.00	GF	AB BAR INS			Uninstall		\$600		1.00		
3 Weeks		-		-		-	\$	125.00	<u> </u>	ST BAR		Fee					
4 Weeks	\$	80.00	\$	110.00		-	\$	25.00					3 Op	tions			
5 Weeks	-	-		-		-	20100				Option 1		\$200.00		per month		
6 Weeks	\$	125.00	\$	140.00		-						Option 2		ψ200.00		purchase	
7 Weeks	-	-	7	-		-			Option 3 Uninstall			purchase					
8 Weeks	Ś	150.00	\$	180.00		-					***Non-refundable***				*		
o weeks	Ş	130.00	Ş	100.00		-					Non-refundable						