

GET THE RELIEF YOU
DESERVE



ALPHA-STIM[®] AID RENT-TO-OWN AGREEMENT

Try it for a month! If you decide to continue, all rental payments go towards purchase!

Rent-to-Own From:

AH: Allevia Health, Inc.
922 NW Circle Blvd., Suite 160-320, Corvallis, OR 97330

FAX form to (888) 684-8414

or email it to: info@alleviahealth.com

Questions? (800) 684-9343

Rent-to-Own To: (to be filled out and signed by cardholder)

Cardholder Name _____

Patient name _____

Billing Address _____

If shipping address different, check here _____ and include
in cover page

City _____ State _____ Zip _____

Cardholder Phone (____) _____ E-mail _____

Cardholder Date of Birth _____ Cardholder U.S. Driver's License (No. and State) _____

Cardholder Employer _____ Work Phone (____) _____

Terms of Agreement:

1. This Rent-to-Own Agreement is between AH and Renter for 1 (one) Alpha-Stim[®] AID kit for a period of 7 months or upon termination of this Agreement by Renter returning the Alpha-Stim[®] AID to AH in excellent condition (including all original packaging, accessories, manual, DVD), whichever occurs first. Unit is shipped to Renter via USPS Priority Mail (S&H cost \$10.00) unless upgraded shipping is requested (see below for shipping options). All duties and taxes are to be paid by Renter and return freight is Renter's responsibility if the unit is returned to AH.
2. Payment on this Rent-to-Own Agreement by Renter to AH shall be through automatic monthly credit card billings as follows:
(a) \$100 /month rental payment and \$95 damage deposit for month 1 (Total \$195, paid prior to shipment)
(b) \$100 /month rental payments for months 2 through 7.
3. This is a total of \$795 for the entire 7-month period. The list of billing dates will be on your invoice. The damage deposit will be refunded upon return of the unit in excellent condition, otherwise will be applied towards the purchase of the unit.
4. Time is of the essence in this Agreement. During the term of this Agreement, the Alpha-Stim[®] AID covered herein remains AH's property with assurance of AH's right of recovery with or without process of law. Upon receipt of the final payment, the Alpha-Stim[®] AID will become the property of Renter. In the event of default of a monthly payment through denial of credit card payment or other breach, Renter must return the Alpha-Stim[®] AID to AH without delay. In the event of default or return of the Alpha-Stim[®] AID prior to the 7th payment, AH may retain all money paid as liquidated damages and rental. Damages to the Alpha-Stim[®] AID and its packaging and accessories outside of regular wear and tear become an extra charge to Renter. In the event of litigation, attorney's fees shall be added hereto.
5. Renter acknowledges that the Alpha-Stim[®] AID hereby rented is for the Renter's sole benefit and in the event of loss, damage, theft or destruction of the unit, Renter must pay to AH the full amounts due as described in paragraph 2 above. Renter agrees to exercise excellent care in the handling and operation of the Alpha-Stim[®] AID. The Alpha-Stim[®] AID is warranted for 5 years exclusive of accessories.
6. A late payment charge in the amount of 15% per annum (prorated daily) shall accrue on the unpaid balance of accounts not paid within ten (10) days of the due date.
7. Renter and AH agree that a facsimile or electronic transmission of any original documents shall have the same effect as the original and that the signed facsimile or electronic copies of documents shall be given full effect as if an original.
8. Billing will be done monthly by AH to Renter's credit card number. (Phone in number if you prefer.)

Billing Information: Card No.: _____

Name on card: _____ Expiration Date: _____

This agreement is entered into between AH and Renter as of the date the unit is dispensed to patient.

I agree to the terms and credit card charges as set forth above:

Cardholder Signature _____ Date: _____

Shipping Options:

USPS Priority Mail (\$10.00; default)

___ UPS 2nd Day Air (\$45.00; upgrade)

___ UPS Next Day Air (\$65.00; upgrade)

AS Serial # _____
(office use)