

First Alternatives LLC

Rental Agreement & Rental Items

Product Name	Price/Week	Quantity
Avazzia Blue Kit with y Bar	\$50	_____
Avazzia BEST RSI RX* with y bar	\$100	_____
Avazzia Ezzi Lift kit with y bar	\$50	_____
Avazzia MedSport with y bar	\$75	_____
Avazzia Pro Ultra RX* Kit	\$175	_____
Avazzia ProSport 3 RX* Kit	\$225	_____
QRS	\$225	_____

*Requires Prescription (RX)

Parties

This Agreement is entered into between **First Alternatives LLC** ("Provider") and:

Renter Name: _____

Renter Address: _____

Renter Phone: _____

Renter Email: _____

Terms

- **Payment:** Rental fees must be prepaid at the time of signing. Additional rental periods require advance payment.
- **Purchase Option:** A percentage of rental fees, as determined by Provider, may apply toward the purchase price if Renter decides to buy the device.
- **Damage/Loss:** Renter authorizes Provider to charge the provided credit card for any damage to or loss of the device during the rental period.
- **Return Inspection:** Provider will inspect the device upon return. Renter is responsible for purchasing replacement pads separately.
- **Identification:** Renter must provide valid identification, phone number, and the address where the device will be used.
- **Prescription:** If a prescription is required, Renter must submit it via fax, email, or DocuSign to the Provider.
- **Shipping:** A shipping fee (based on address) and a \$20 setup fee will be charged with the first week's rental. Standard shipping is FedEx Ground. For expedited shipping, contact Provider at 954-789-2097.

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Device Use Guidelines

- Do not drop the device (voids warranty).
- Avoid operating near water (e.g., bathtub, sink).
- Do not pull on electrode lead wires or pads by the wires.
- Keep the device away from children; it is not a toy.
- Avoid holding the device by onboard electrodes to prevent shock.
- Understand device operation (power, intensity, mode selectors, indicator lights, lead wire port, and 1-hour timeout).

Credit Card Authorization

Cardholder Name: _____
Billing Address: _____
City/State/ZIP: _____
Country: _____
Card Type: ☐ Mastercard ☐ Visa ☐ American Express ☐ Discover
Card Number: _____
Expiration: _____ **Security Code:** _____

I authorize First Alternatives LLC to charge my credit card for rental fees, damages, or loss.

Cardholder Signature: _____ **Date:** _____

Shipping Address (if different)

Street Address: _____
City/State/ZIP: _____
Country: _____
Phone: _____

Legal

This Agreement is governed by Florida law. If any provision is invalid, the remainder remains enforceable. This document is the entire agreement between the parties, superseding all prior agreements. Amendments must be written, signed, and attached.

Signatures

Renter Name: _____
Renter Signature: _____ **Date:** _____
Renter Address _____
Driver License #: _____

Submission: Submit via DocuSign, fax, or email.

For Office Use

- Serial Numbers: _____
- Expected Arrival: _____
- Total Weekly Cost: _____
- Return Date: _____