

**Senior Volunteer Services  
Project Lifesaver Client Agreement**

**Client Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Deposit:**

A total of **\$160.00** is due prior to receiving the transmitter. This amount includes:

- A refundable deposit of \$100.00 to be refunded when the transmitter (valued at \$300.00) is returned in good working condition.
- The first month service/maintenance charge of \$30.00.
- The last month's service/maintenance charge of \$30.00.

**Monthly Cost:**

- A monthly fee of \$30.00 for service/maintenance is due each month.

**Lost or Damaged Transmitter Cost:**

If the transmitter is damaged (caused by negligence/abuse) stolen, or lost, you are responsible for the balance of the cost of the transmitter. This amounts to \$200.00, plus the loss of the deposit of \$100.00.

**Payment:**

**Pay by Credit Card** (check appropriate boxes below)

- a.  Yes  No Please bill my credit card \$160.00.  
(Charge includes refundable \$100.00 deposit, first month rent \$30.00, and last month's rent \$30.00.)
- b.  Yes  No Please bill my credit card monthly for \$30.00 or until the transmitter is returned. Payments commence approximately 30 days after the transmitter delivery.

**Pay by Check** (check appropriate boxes below and initial)

**All check payments will be made to  
Senior Volunteer Services, 270 Scott Street, Paso Robles, CA 93446.**

- a.  Yes  No Enclosed is my check for \$160.00.  
(Charge includes refundable \$100.00 deposit, first month rent \$30.00, and last month's rent \$30.00.)
- b.  Yes  No I will pay \$30.00 monthly, by check.  
(Payments commence approximately 30 days after the transmitter delivery.)

1. I understand that this equipment is made available for use on a rental basis. I understand that I may return the equipment at any time and receive a refund of the \$100.00 deposit if the equipment has not been damaged by abuse or negligence.
2. I understand that I am responsible for any repair or replacement costs incurred through abuse, negligence, loss, or theft of the equipment during the rental period. I am also responsible for any return shipping costs.
3. This completed form must be received by Project Lifesaver along with payment before the transmitter will be provided.

**Responsible Billing Party**

Name (print as appears on credit card) \_\_\_\_\_

Phone Number \_\_\_\_\_

Mastercard  Visa Card Number \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_