

DEVICE RENTAL AGREEMENT

Choose the device(s) you want to rent: hipGRIP® hipGRIP II™ hipGRIP II™ Upgrade

kneeGRIP® kneeGRIP II™ thighGRIP™ legGRIP™ X-Guide™

Rental fees are \$50.00 per day beginning the day you receive the Equipment rental set. Shipping transit days and weekends do not count against your Equipment rental fees. The hospital will be financially responsible for shipping charges and any lost or damaged parts. Shipping is to be **FedEx 2-Day Economy (BOTH directions)** and packed in a box to protect the carrying case and/or parts from damage during shipping. If you would like SunMedica to bill your FedEx account number directly, indicate it below.

SunMedica Corporation, located at 1661 Zachi Way, Redding, California 96003, is providing you with the orthopedic equipment indicated above (the "Equipment") solely for rental purposes. Your facility will be charged Fifty Dollars (\$50.00) per day for the Equipment rental beginning the day you receive the set. Title to the Equipment shall at all times remain with SunMedica.

Your facility will be financially responsible for the return of the Equipment to SunMedica upon the conclusion of the Rental Period. SunMedica shall maintain Product Liability and General Comprehensive insurance at all times in the amount of One Million Dollars (\$1,000,000.00) per claim. Your facility is responsible for the Equipment during the Rental Period and agrees to return the Equipment in the same condition as was delivered to you, subject to normal wear. You are also responsible for using the Equipment for its intended purpose in accordance with its instructions for use. If the equipment is used for anything other than the intended use, then SunMedica does not make any representation or warranty with respect to the use of the equipment or to the safety of the equipment either expressed or implied. Should you wish to purchase the equipment from SunMedica, your sales representative will assist you.

STEP 1 - SHIP TO:

Hospital Name _____ Attn To: _____

Address _____

City _____ State _____ Zip _____

OR Contact Person _____ Phone# _____ Fax# _____

DATE THE DEVICE NEEDS TO ARRIVE BY (We suggest 1-day before surgery): _____

Yes, I have a FedEx Account Number. Please bill account number: _____

STEP 2 - BILL TO:

Accounts Payable _____

Address _____

City _____ State _____ Zip _____

AP Contact Person _____ Phone# _____ Fax# _____

STEP 3 - PURCHASE ORDER NUMBER: _____

Your PO # indicated is used to track your Device Rental set(s), bill rental days and or shipping charges.

Payment terms are established as a Net 30 (30 days). A finance charge of 2% will begin on the 31st day.

(Print: Name, Title) I, _____ am an authorized agent and have read and agree to the above stated terms.

STEP 4 - SIGNATURE: _____ **DATE:** _____

STEP 5 - IMPORTANT: Either Fax to 530-229-9457 or Email to service@sunmedica.com. If you fax, be sure to call 1-800-995-8715 to verify that it's been received.



www.sunmedica.com
1661 Zachi Way, Redding, CA 96003

MM140 R2