

GET THE RELIEF YOU DESERVE



ALPHA-STIM[®] SCS RENT-TO-OWN

All rental payments go towards purchase!

Rent-to-Own From:

AH: Allevia Health, Inc., 2312 NW Kings Blvd., Corvallis, OR 97330

Rent-to-Own To:

Name _____

Shipping Address _____

City _____ State _____ Zip _____

Telephone (____) _____ E-mail _____

(optional for UPS tracking & AH support)

FAX to (888) 684-8414

or you may mail it to us at:
Allevia Health, Inc.
2312 NW Kings Blvd.
Corvallis, OR 97330

*Include your statement of medical
necessity (or Rx), or fax separately*

Questions?

(800) 684-9343

Terms of Agreement:

1. This Rent-to-Own Agreement is between AH and Renter for 1 (one) Alpha-Stim[®] SCS, with all accessories for a period of 7 months or upon termination of this Agreement by Renter returning the Alpha-Stim[®] SCS to AH in excellent condition (including all original packaging, manual), whichever occurs first. Unit is shipped UPS Delivery (FREE) to Renter unless otherwise indicated in cover letter. 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: \$85 per month rental payments for months 1 through 7. (The list of billing dates will be on your invoice.)
3. This is a total of \$595 for the entire 7-month period. The Renter may choose to purchase the unit at any time during the rental period.
4. Time is of the essence in this Agreement. During the term of this Agreement, the Alpha-Stim[®] SCS 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[®] SCS 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[®] SCS to AH without delay. In the event of default or return of the Alpha-Stim[®] SCS prior to the 7th payment, AH may retain all money paid as liquidated damages and rental. Damages to the Alpha-Stim[®] SCS 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[®] SCS 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[®] SCS. The Alpha-Stim[®] SCS is warranted for 5 years exclusive of accessories.
6. Renter and AH agree that a facsimile or (FAX) transmission of any original documents shall have the same effect as the original and that the signed facsimile copies of documents shall be given full effect as if an original.
7. Billing will be done monthly by AH to Renter's credit card number. Please check type of card: VISA MC AmEx Discover

Billing Information: Card No.: _____ *If you prefer you may phone in billing info.*

Cardholder's Name: _____ 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:

Serial # _____
(AH will fill in)

Renter's Signature

Date: _____, 2010