



Breast Pump Rental Contract

Serial #: _____ Rental Date: _____
Lessee Name: _____ Phone #: _____
Client/Mother Name: _____ Phone #: _____
Address: _____ City: _____ ZIP: _____
Email: _____
Emergency Contact: _____ Phone#: _____
Credit Card# to leave on file: _____ CVV# _____ Exp Date: _____

ADDITIONAL SUPPLIES

\$ _____ Type: _____

RENTAL CHARGES

\$ _____ **Weekly Rate:** \$ 45.00

Payable at time of rental & will only be billed at monthly intervals if rented for longer than one month.

\$ _____ **Prepaid Monthly Rate:** \$95.00

\$ _____ **Prepaid 90 Day Rental Rate:** \$250.00

\$ _____ **Sub-Total**

\$ _____ **\$50.00 DEPOSIT:** cash or credit card required at the time of Breast Pump Rental

Refundable if pump is returned in a clean and working condition. Credit Card deposits incur a \$10 service fee.

\$ _____ **Total Amount Paid:** at the time of rental.

Lessee may change terms of agreement by notifying Santa Rosa Midwifery Center in writing or by phone and by paying any additional rental fees within 3 days of notification. Any such change made within 7 days of initiation of contract is retroactive to the date of rental.

CLEANING CHARGES AND CARE OF THE ELECTRIC BREAST PUMP

Dirty pumps will be assessed a \$25.00 cleaning charge. Breast pumps are to be returned completely clean. All traces of milk on exterior of pump must be removed.

If milk enters pump mechanism, lessee will be assessed a \$50.00 maintenance charge. To prevent overflow, do not allow bottle to fill more than 1 inch below intake port. Do not allow bottle to fall over with milk inside if pump is running. Keep pump at the level of your breast. Never place pump on the floor while pumping. If milk enters pump, stop pumping immediately to prevent damage to pump mechanism, and notify the Santa Rosa Birth Center.

Lessee agrees to the following rental program as described above: (circle and initial) _____ Weekly Monthly 90day

Lessee agrees to return breast pump by _____.

Pumps not returned by the due date will be charged a non-prorated weekly fee on the next business day and weekly thereafter until returned.

I have read and understand this rental contract.

Signature of Lessee

Date

Signature of Santa Rosa Midwifery Center

Date