



Symphony Breast Pump Rental Agreement

Grandrabbit's Toy Shoppe- RENTAL LOCATION:

- checkbox Boulder - The Village Shopping Center
checkbox Westminster - The Orchard Center

For questions please contact:
Stephanie Moore, RN, BSN, IBCLC 720-297-6312 (call and text).

Lessee Information

New Mother's Name \_\_\_\_\_

Primary Phone Number ( ) - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Driver's License (#, state, exp.) \_\_\_\_\_

Home Address (street, city, state, zip code) \_\_\_\_\_

Partner's Name \_\_\_\_\_

Primary Phone Number ( ) - \_\_\_\_\_

Driver's License (#, state, exp.) \_\_\_\_\_

Breast Pump Information

Symphony Pump Serial Number \_\_\_\_\_

- checkbox Symphony Accessory Kit Purchased (\$60.00 plus tax)
checkbox Daily Rental- \$5/day plus tax (Choose this option if renting for fewer than 15 days.)
checkbox Monthly Rental- \$75/30-day month plus tax (Initial month's rental will be processed on day 15. Monthly billing will continue until the pump is returned to the Grandrabbit's Toy Shoppe.)

Accepted Forms of Payment (Visa, M/C, Discover)

Name of Card Holder \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVN# \_\_\_\_\_

Credit Card BILLING ADDRESS (If different from home address above) \_\_\_\_\_

Signature of Responsible Party

\_\_\_\_\_ Date \_\_\_\_\_

I authorize Becoming Mothers to charge my credit card according to the plan selected.

Signature of Rental Station Representative

\_\_\_\_\_ Date \_\_\_\_\_

Serial No. \_\_\_\_\_ Date Rented \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_ Date Returned \_\_\_/\_\_\_/\_\_\_ by \_\_\_\_\_