



Symphony Breast Pump Rental Agreement

Grandrabbit's Toy Shoppe- RENTAL LOCATION: [SELECT A STORE]

- checkbox Boulder - The Village Shopping Center (303) 443-0780
checkbox Westminster - The Orchard Center (303) 815-1500
checkbox Broomfield - Flatirons Crossing (303) 465-8005
checkbox Becoming Mothers - Pump Concerns - Billing Questions (720) 297-6312

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 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, HSA cards)

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 _____