

Rezzimax Rental Form

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Equipment: Rezzimax with Case and Tuning Fork, Brain Sponge, Fanny Pack, Strap, Charger, End Cap

Renters Name _____
Rental Date(s) _____
Address _____
City, State, Zip _____
Phone _____
Email Address _____

Rental Payment _____ for _____ days

Refer to educational notebook in kit or www.kimfedderly.com for more information.

- I agree to take care of this unit and replace any parts that become damaged.
- I agree to use over any infections, wounds, or feet with plastic or Saran wrap to reduce risk of transmission of fluids or infection. I can use the tuning fork in my mouth with a medical nitrile glove. I agree to wash the attachments if used on any of the above.
- I agree not to use scented soap or disinfectants.
- I agree to keep this unit in a safe place away from children playing and pets.
- I agree to return this unit by specified date.
- I agree to pay for the full unit if not returned \$800 charged on my credit card below
- I agree to pay for damages to replace to any individual part
- This is Kim Fedderly's personal device and I agree to take care of it or I will be charged for damages.

Any additional terms _____

Card on File for Damage/Theft/Loss

Credit Card Number _____ Exp _____ 3 Digit Code _____

Billing Zip Code _____

Signature

Date