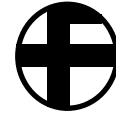




AR HINKEL CO., INC.  
dba RA FISCHER CO.



8751 White Oak Avenue, Northridge, CA 91325  
tel:800-525-3467 fax:818-775-2941 email: orders@rafischer.com

### ***Rental Terms for the MD-1a Galvanic Unit***

You have indicated an interest in renting a Fischer MD-1a Galvanic unit\*. Please read the terms, fill out the application, and return the application to us with your payment, deposit, and prescription.

#### Terms of this rental:

Upon receipt of the completed application along with deposit and prescription, we will send you a complete **rental unit** that you will need to return to us at the end of the rental period. The rental fee for the MD-1a Galvanic Unit is \$100.00 (California residents add \$8.75 for sales tax) plus shipping and insurance charges (\$21.00) for the first month of use\*. It is at your disposal for 30 days of use and then should be returned to us postage paid. A month is long enough for almost everyone to be able to see significant improvement in dryness. If required, you may rent the unit for additional time. The package includes the unit, connecting patient cords, water bath trays, and instructions. The rental fee can be paid via credit card (VISA/MC/Amex/Discover) or check (**a separate check from the deposit check**)

We require a deposit of \$600.00 in the form of a check only (no credit cards accepted) made payable to R.A. Fischer Co. The deposit check will be returned upon return of the rental unit, unless you decide to purchase a new unit in which case it can be applied toward the purchase price of a new unit.

If you decide to purchase the MD-1a Galvanic Unit within 30 days after the close of the rental period, one half of the rental fee will be applied towards the purchase of a new unit .

#### Customer support:

If you need any assistance in the operation of the MD-1a we can be reached toll free at 800-525-3467 between 8:00am– 4:30pm Monday-Fridays (Pacific time zone).

\*This rental agreement is only good within the United States. Additional Shipping charges may apply if sent to Alaska or Hawaii.

NAME (billing):		
PATIENT (if different):		
STREET:		
CITY:	STATE:	ZIP:
DAYTIME TELEPHONE:		
EMAIL:		

Credit Card Information: *(for rental unit only– not deposit)*

Number:

Expiration Date:

Security Number:

Card Billing Address: *(if different from above)*

***How did you hear about us?: (please circle one)***

*Doctor*

*Friend*

*Hyperhidrosis Society website*

*Other*

I agree to the rental terms for the MD-1a Galvanic Unit.

\_\_\_\_\_  
Signature of Renter

\_\_\_\_\_  
Date