

Dunamis Health and Performance

Payment Plan and Credit Authorization for Rental

1795 Jet Stream Drive, Suite 104, Colorado Springs, CO 80921 Phone: (719) 494-4036

Renter's Name: _____ Age: _____ Phone(_____)_____

Billing Address: _____

City: _____ State: _____ Zip: _____

Names and ages of member participants under 18:

I hereby authorize Dunamis Health and Performance to charge my credit card for rental of RX-100 or Neubie device. The first month of rental term will be charged immediately, then reoccurring charges will be billed on the same date of subsequent months. If term is less than a month, the charge will be prorated appropriately.

Signature _____ Date _____

Printed Name _____

Billing Zip Code _____

Credit Card # _____

Expiration Date _____ CCV _____

E-mail address _____

Notes:

This payment authorization is for the Rental use of Dunamis's RX-100 ARPwave therapeutic device or Neubie Neufit device. Reimbursement of lost or damaged RX-100 or Neubie will cost \$18,000.00 if whole unit needs replaced or any cost incurred to repair said device.

Monthly rental rate is \$850.00. Weekend only rental rate is \$100.00.

Customer agrees to keep RX-100 or Neubie in his/her possession at all times, agrees that no commercial use of unit is permitted, and agrees to liability of charges listed above: _____

Date: _____