



ADDRESS: 6202 W. Deschutes Ave. Suite A Kennewick, WA 99336 • PHONE: 509-783-0253 • FAX: 509-783-1075

### RENTAL AGREEMENT / ACCOUNT POLICIES

<b>Equipment Rental:</b>	Lessee assumes all responsibility for equipment while out of possession of lesser and promises to return such equipment to the lesser in as good condition as it was at the effective date of the lease. Natural wear from a responsible use accepted. Lessee shall be liable for any loss, theft, damage or destruction of leased property. Company is not responsible for water leakage from bottles or dispenser. Lessee holds full responsibility for any water damage that may occur.
<b>Equipment Return:</b>	Customer is responsible for return of all bottles. Missing bottles will be charged to your account at \$20.00 per bottle. We have the right to confiscate any bottles with our logo on. Customer is purchasing the water only – not the bottles. Missing or unreturned dispensers are subject to a charge of \$300.
<b>Attention:</b>	ALL EQUIPMENT IS FOR PRODUCT USE ONLY. THE USE OF ANY OTHER PRODUCT IN OUR BOTTLES OR DISPENSERS IS SUBJECT TO A CLEANING CHARGE. WE HOLD THE RIGHT TO CONFISCATE OUR BOTTLES AND EQUIPMENT AT ANY TIME.
<b>Equipment Purchase:</b>	Full warranty will apply to all new equipment sold.
<b>Water Delivery:</b>	Home delivery is every other week on a prearranged schedule. Per FDA requirements, no refunds are given for any prior water purchased. Minimum delivery is 2 bottles.
<b>Payments:</b>	Payments are to be paid 15 days from billing date and may also be made upon delivery of water.
<b>Stop Service:</b>	WE REQUIRE 10 DAYS NOTICE TO PICK UP EQUIPMENT DURING BUSINESS HOURS (8:00 a.m. TO 5:00 p.m.) MONDAY THRU FRIDAY. There will be a trip charge of \$50.00 if driver has to make a second trip to pick up equipment.
<b>Returned Checks:</b>	There will be a \$35.00 charge for returned checks.

Water Dispenser Lease Monthly Charge: \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_

Model Number \_\_\_\_\_ Serial Number \_\_\_\_\_

Last four of SS# \_\_\_\_\_ Business: FED ID No. \_\_\_\_\_

Drivers License No. \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_

I agree that all charges for rental, damage, cleaning or material will be paid and that all collection fees, attorney fees, court costs, or any other expense involved in the collection of these charges will be borne by me in the court of the county in which indebtedness is incurred.

Payments past 60 days are subject to an 18% charge of amount owed.

I further agree that if the amount is referred for collection, to pay collection fees not to exceed 35% of the commercial claim and reasonable attorney fees.

The venue of any collection action based on this agreement shall lie in \_\_\_\_\_ County, Washington.

**I have fully read and understand the above terms.**

\_\_\_\_\_  
**Customer's Signature**

\_\_\_\_\_  
**Print Name**

Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

**Billing Address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

**Deliver Address/Business Name - if different from above:**

Business/Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

PO#/Job Description: \_\_\_\_\_