

Christina Johnson BSPH, CCLS, CLC, IBCLC  
 Lactation Lighthouse, LLC  
 734.224.5471  
[lactationlighthouse@gmail.com](mailto:lactationlighthouse@gmail.com)  
[lactationlighthouse.com](http://lactationlighthouse.com)



## Rental Equipment Agreement

Date:	
Home use or company lactation room?	
Lessee Name:	DOB:
DL No:	
SSN:	
Insurance:	
Infant(s) Name:	DOB:
Insurance:	
Phone:	Email:
Address:	
Alternate Contact Name:	Phone:

Equipment Rented:

Medela Lactina – Hospital Grade Multi-User Breast Pump	Serial Number:
Medela Symphony - Hospital Grade Multi-User Breast Pump	Serial Number:
Tanita Infant Scale	Serial Number:
Health-O-Meter or Salter Infant Scale	

- ❖ This agreement for the rental of this equipment (and any carrying case, or accessories listed in check list below) is made between Lactation Lighthouse, LLC and the Lessee identified above. This Agreement shall be construed under the laws of the State of Michigan, where Lactation Lighthouse, LLC is located.
- ❖ This equipment remains the property of Lactation Lighthouse, LLC as such the Lessee has no rights to the equipment except as expressed in this Rental Agreement.
- ❖ Lessee may purchase an accessory collection kit to use with any breast pump, this is optional. The kit becomes the property of the Lessee and is nonrefundable.
- ❖ Lessee agrees to pay the rental fees as shown below. Rental fees are due in advance monthly and will be auto renewed monthly until the equipment is returned at the rates below.

Medela Lactina – Hospital Grade Multi-User Breast Pump	\$55 Monthly Rental Fee
Medela Symphony - Hospital Grade Multi-User Breast Pump	\$95 Monthly Rental Fee
Tanita 1583 Infant Scale	\$20 Monthly Rental Fee
Health-O-Meter or Salter Infant Scale	\$10 Monthly Rental Fee

PRIVACY NOTICE: The information collected in this contract is considered nonpublic personal information and will only be used in accordance with this contract.



## Rental Equipment Agreement

- ❖ Michigan State Sales Tax rate of .06% will be charged on equipment rentals and supplies purchases as required by law.
- ❖ Lessee agrees not to move the equipment out of the State of Michigan without the written consent of Lactation Lighthouse, LLC.
- ❖ Lessee agrees to inform Lactation Lighthouse, LLC of any change of address or phone number.
- ❖ Lessee agrees to return the rental equipment in clean working condition. If the equipment is not cleaned, Lessee agrees to pay Lactation Lighthouse, LLC a cleaning fee of \$15. Lessee agrees to follow any instructions for operating and cleaning this equipment.
- ❖ Lessee agrees to return the rental equipment in the same working order and good repair that the equipment was issued in. If the equipment is not in good repair and in the same working condition as it was issued in or in the event that the equipment is not returned for any reason, Lessee agrees to pay the full replacement amounts listed below.
  - Lessee agrees that their credit card is used as a deposit on the rental equipment and agrees that the credit card can be charged the full amounts of replacement listed below.
  - If equipment is not returned and replacement fees below are unable to be charged to the card on file for any reason and a new payment method is not provided, I understand that equipment may be reported to the local and/or State authorities as stolen or a collection agency may be contracted with.

Medela Lactina – Hospital Grade Multi-User Breast Pump	\$600 Replacement Fee
Medela Symphony - Hospital Grade Multi-User Breast Pump	\$2100 Replacement Fee
Tanita Infant Scale	\$200 Replacement Fee
Health-O-Meter or Salter Infant Scale	\$60 Replacement Fee

- ❖ Lessee agrees to pay Lactation Lighthouse, LLC a delivery fee of \$15 if delivered and/or picked up by Lactation Lighthouse, LLC to a location more than 15 miles from zip code 48071.
- ❖ Lessee shall be responsible for all reasonable legal fees and other costs involved in collection of overdue amounts and/or recovery of the equipment.
- ❖ Lessee understands Lactation Lighthouse, LLC has the right to cancel this agreement at any time. Lactation Lighthouse, LLC will make every attempt to give seven days of notice in such an event.
- ❖ Lessee agrees any unpaid balance will be charged to their credit card if not paid in another form when the pump is returned.

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## Rental Equipment Agreement

- ❖ Lessee will be given a written receipt for the return of the pump when it is returned to Lactation Lighthouse, LLC.

CREDIT CARD # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXP. Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Verification code \_\_\_\_\_

Card Type: VISA    MASTERCARD    DISCOVER    AMEX    HAS/FSA

Monthly Rental Fee	
Monthly Rental Fee	
Onetime Purchase of Accessories	
Onetime Purchase of Supplies	
Delivery Fee	
MI Taxes @ 6%	
Today's Total	
Expected Monthly Rental Total	Expected Day of Charge

- ❖ If I have questions or concerns, I will contact Lactation Lighthouse, LLC @ 734.224.5471. My IBCLC can support me with;
  - Regarding operating or cleaning the equipment
  - Hand expression of breastmilk
  - Handling and storing breastmilk
  - Support while establishing or increasing supply
  - Referring me back to my/ my child(ren)s health care provider as needed for concerns out of the scope of an IBCLC.
- ❖ I hereby agree to the terms and conditions of this rental agreement. I also authorize Lactation Lighthouse, LLC to charge my credit card according to the plan selected above and the terms of this rental agreement if payment is not made by cash at time of rental.
- ❖ Note any previous damages or concerns on equipment;

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURE of LESSEE: \_\_\_\_\_

DATE \_\_\_\_\_

Signature of Issuing IBCLC: \_\_\_\_\_

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