



Midwife Marde Swan

ABN: 89265313991

Client application Form – Hiring-/Purchase of Breast pump

CLIENT DETAILS

Mother (Name & Surname): _____ Mobile 1 _____

Partner (Name & Surname): _____ Mobile 1 _____

E-mail address: _____ Baby's Name: _____

Physical Address _____

HIRING

- Non-refundable Accessory Fee: **\$ 50.00** - Includes: Servicing and Replacement Parts between clients
- Hire per Month: **\$ 50.00** (In advance, billed on the same day of the month)
- Minimum 10 days hire at **\$2 per day**, up to 30 Days, thereafter Monthly Hiring will be charged.
- Late Hiring payments (> 7 days) will revert to point (1.) of Declaration below
- Credit toward purchase will be made from 2nd month of hiring

EQUIPMENT

Item Name _____ Pump Number _____ Serial Number _____

Purchase: New **OR** Used Purchase Value \$ _____

Hire: Accessory Fee **\$50** Cooler bag (free if hiring): **\$40** Calma Bottle **\$30**

Total Due: \$ _____ Final Payment received Rental Cessation date _____

PAYMENT OPTIONS

EFT: Westpac **OR** Cash

BSB: 734664

Acct no. 762481

Email proof of payment to: mardeswan@gmail.com

DECLARATION

Herby I (The Client) commit to:

1. Make payments (Deposit/Rent/Purchase) towards the Practice, in full within 48 hrs of notice. I commit to purchase the Pump (full outstanding balance) if **rental payment is 7 days overdue**
2. Safeguard and protect all parts and equipment according to The User Manual provided
3. Pay cost of Loss / Damage of any parts of the equipment as per point 1 above
4. Undertake/Correspond Warranties and replacement of parts or purchased goods directly with The Manufacturer

Client Name: _____ Signature: _____

Date: _____ Practice - M/W Marde Swan: _____

