

Arthrex S3 Rental Agreement (PR0160)

Rent-to-Own (RTO) Agreement

Agency Rep/Agency:	Phone Number:	Start Date:
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Billing Information		Shipping Information	
Account Number:		Account Number:	
Name:		Name:	
Street Address:		Street Address:	
City, State:	ZIP:	City, State:	ZIP:

Effective _____, all Shoulder Suspension System (S3) rental payments made to Arthrex by the account listed above shall be credited and applied to the aggregate purchase price of \$13,595 for the S3.

The account will pay a rental fee of _____ per case to total \$13,595 throughout the course of this agreement. Once \$13,595 in rental fees have been paid, the account listed above will own the following equipment:

Part Number	Item Description	Quantity	Serial No. (for office use only)	Warranty
AR-1650S	Shoulder Suspension System (Includes: tower, arm sleeve connector, lateral traction sling connector, weight hanger, 5 weights, and a set of US clamps)	1		
AR-1650-02	S3 Arm Sleeve Connector (extra)	1		
AR-1650-03	S3 Lateral Traction Sling Connector (extra)	1		
AR-1650-06	S3 Storage Cart	1		

After the rental fees (994SS) have been paid to Arthrex, a transfer of the items above will take place and a \$0.00 invoice will be sent to the account as a formal notice of this ownership transfer.

Note: Repairs outside of warranty* will be the responsibility of the account during the agreement.

Customer		Arthrex Representative	
Printed Name:		Printed Name:	
Signature:		Signature:	
Title:	Phone Number:	Title:	Phone Number:

Complete and email or fax to the Arthrex ABS Department:

Email: issueorder@arthrex.com or Fax: 866-435-7169

Warranty is located at <http://www.arthrex.com/corporate/arthrex-us-product-warranty>
1370 Creekside Boulevard, Naples, Florida 34108 | Toll-Free: (800) 933-7001

www.arthrex.com

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