

GaitAid Virtual Walker  
Leasing Agreement

**Leasing Terms:** \$185 will be charged today to Customer's credit card as provided below.

After payment is made, the GaitAid will be shipped to Customer.

Upon delivery, a 30 day trial period will commence.

By the end of the 30 day trial period, Customer may decide to keep the GaitAid or return for a refund.

(1) In the case that the Customer decides to keep the GaitAid, Customer agrees MediGait will charge his/her credit card number provided below \$185 per month for the leasing term of 11 months.

The first charge will be applied to the card 30 days after delivery. The customer will own the device only after completion of the 12 monthly payments (including the first payment) of \$185 per month and totaling \$2220. Customer may return the GaitAid device in good condition at any time during the leasing period, ending the leasing agreement. No further payments will be charged to Customer's credit card unless, the GaitAid is returned in an abused condition in which case Customer agrees to conditions stated below in (3). No payments made will be refunded to Customer after the 30 day trial period is complete.

(2) In case of return, by or before the end of the trial period, Customer will notify MediGait by phone or email and inform them of their decision to return the GaitAid and ship it back in good condition to MediGait. The first installment will be refunded excluding a \$40 restocking fee.

(3) If the GaitAid is returned in an abused state (within the 30 day trial period or during the leasing term), MediGait will not issue a refund and Customer agrees to be billed with the card below for repair. If device is mistreated to an extent where repair is not possible, Customer agrees to pay for the complete leasing term at a charge of \$185 per month.

(4) An abused state refers to damage caused by fire, heat or submersion in liquids. Pulling on the cables, broken glasses or unit box.

(5) MediGait guarantees that the GaitAid is free from manufacturing defects. If any technical problems arise, MediGait will repair or replace the GaitAid with no additional charge for one year.

Customer understands all terms of this Contract Agreement and have had the opportunity to ask any questions and to consult with family members or advisors. Customer agree to all conditions and terms set forth above. Customer understands that he/she is liable for all amounts due under this agreement. MediGait may charge the credit card account below for the deposit and monthly payments if applicable.

Customer Name \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Customer Credit card no. \_\_\_\_\_

Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

Customer Billing Address: \_\_\_\_\_

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

Customer Shipping Address: *if different from Billing address*

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

Telephone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

Thank You for your Purchase of the GaitAid Virtual Walker.

We hope it benefits you or your loved one in the best possible way!~ MediGait Team