

Equipment Leasing Agreement

This legal document has been created
with the purpose of ensuring all
parties are aware of their
responsibilities and legal obligations.

If you do not understand or are
unsure of the contents incased here,
do not sign. Please contact us and we
will do our best to clarify.



215 Mountainlands Drive
Orem, UT 84058
Phone: (801) 837-1340
Email: info@innergydev.com

Terms and Conditions

In this agreement, the **Lessor** is identified as Innergy Development, LLC, located at 215 Mountainlands Drive Orem, Utah 84058. The **Lessee** identifies themselves as (name) _____, located at (address) _____.

The **Equipment** is indicated by the **Lessee** within this this agreement.

The **Lessee** agrees to the following:

The **Lessee** shall lease from the **Lessor**, with the option to buy the following **Equipment**:

Hyperbaric Cube	LED Light Bed	SibinX 9000	Theta Chamber	
\$	\$	\$	\$	1 Initial Payment
\$	\$	\$	\$	59 Monthly Payments

The **Lessee** shall pay the initial payment of \$ _____ upon approval and confirmation and continue to pay \$ _____ the _____ of each month for the following 59 months for this **Equipment**.

The **Lessee** shall pay the total sum of \$ _____ in it's entirety by the end of the leasing term.

Warranty is offered from the **Lessor** and it is the **Lessee**'s responsibility to inquire, upon application approval. The **Lessor** will uphold the terms in the warranty agreement should the **Lessee** proceed to inquire and agree to the specified terms (see Warranty Agreement).

All fees, delivery, and set up expenses associated with **Equipment** reallocation shall be paid by the **Lessee** directly to the service provider.

The **Lessee** will not reallocate **Equipment** from its' location (address) _____ without prior written approval from the **Lessor**.

The **Lessee** is responsible for all the maintenance and care for the **Equipment** to ensure adequate operating condition for the entirety of the leasing term.

The **Lessee** shall maintain a full coverage insurance policy on the **Equipment**, for the entirety of the lease term. Both the policy and its' insurance carrier must be approved by the **Lessor**. The insurance carrier must also have authorization to conduct and maintain business transactions in the state of _____.

The **Lessee** shall provide financing statements or other related documents requested by the **Lessor**.

The **Lessor** shall purchase the **Equipment** from the **Lessee**.

Initials: _____

The **Lessor** is not responsible for any damages caused by the **Equipment** due to misuse or negligence from the **Lessee**.

Should the **Lessee** fail to make any payments on time or comply with any of the agreements listed prior...

The **Lessor** reserves the right to remotely deactivate the **Equipment** until the payments are up to date.

If the payments are not up to date within 5 days of **Equipment** deactivation the **Lessee** will be charged a reactivation fee of \$ _____, need to bring their payment(s) up to date, and pay 5% of the accumulated sum of missing payment(s) to reactivate their **Equipment**.

Should the **Lessor** be driven to repossess the **Equipment** due to the **Lessee's** neglect to pay what is owed or breach of this agreement, the **Lessee** agree that the **Lessor**, with at least 24 hour written notice, may enter the premises, repossess the **Equipment**, and be recompensed by the **Lessee** for all taxes and levies associated with the **Equipment** within a month of notice receipt.

The **Lessee** shall be responsible to pay any and all costs, including attorney fees, in regard to the collection of the **Equipment**.

At the end of the lease term, with the completion of the total sum due...

The **Lessee** may purchase the **Equipment** for \$1.00 (one dollar).

If the **Lessee** chooses not the purchase the **Equipment**, the **Lessee** must return the **Equipment**, at their own expense, to the **Lessor**.

I agree to the terms and conditions above and sign below:

Lessee: _____

Date: _____

Lessor: _____

Date: _____

Initials: _____

Credit Application

Name/Address

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D. Number / SS#:
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates:	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:

Bank References

Institution Name:	Checking Account #:	Address:	Phone:
-------------------	---------------------	----------	--------

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Lessee Signature: _____

Date: _____

Initials: _____

Automatic Billing Authorization Form

Note: Please enter information for only one form of payment, not both.

The **Lessor** will automatically bill the initial payment of \$ _____ to the **Lessee's** credit/debit card or bank account upon approval and confirmation. Then, on the _____ of each month, the **Lessee** will be continuously billed \$ _____ for the next 59 months. The total charges will appear on the specified bank's monthly statement.

Please note: You will not receive a statement from us each month unless we have an issue with your card.

Lessee Name: _____

Lessee Address: _____

Payment Information:

Card Information

Credit Card type:	
Card Number:	
Exp. Date:	
CVC 3 Digit Security Number:	(Amex 4 Digit number on front)
Billing address:	Zip code:
Cardholders' Name Printed:	

ACH Transaction

Routing Number:	Bank Account Number:	Account Type:	Monthly Billing Date:
-----------------	----------------------	---------------	-----------------------

I hereby authorize the **Lessor** to initiate automatic deductions from this account for my monthly leasing payments. Authorization will remain effective until the **Lessor** receives written notice from me, or vice versa, of its termination. Notification of any changes or termination of the monthly withdrawal must be received by the **Lessor** no more than 10 days prior to the upcoming withdrawal date. I understand any payments returned to the **Lessor** will accrue a fee of \$25.00.

Lessee Signature: _____

Date: _____

Initials: _____