



# Rent to Own Program





You would like to try our second to none iMRS wellness systems for home use before you consider buying one? No problem, here is our unique and special offer for you:

Rent an iMRS system of your choice (complete or professional) for one month at a fee of **CAD 500.00**. An additional security deposit of **CAD 1000.00** will be charged to your credit card. If you would like to keep the system after the 4 week trial period, we deduct the deposit and rental fee from the purchase price and charge you the difference!

If you do not like the system, you send it back to us after the 4 week trial period and we credit you the security deposit of **CAD 1000.00**!



## Here are the examples:

1. System	Deposit	Rental Fee 1 month
iMRS complete	CAD 1000.00	CAD 500.00
Purchase Price	CAD 5650.00	
./. Deposit	CAD 1000.00	
./. Rental Fee	CAD 500.00	
Final Payment	CAD 4150.00 (plus taxes)	

2. System	Deposit	Rental Fee 1 month
iMRS professional	CAD 1000.00	CAD 500.00
Purchase Price	CAD 6850.00	
./. Deposit	CAD 1000.00	
./. Rental Fee	CAD 500.00	
Final Payment	CAD 5350.00 (plus taxes)	

Add the **iMORE** Monitoring and Regulation-System incl. SD Card for another **CAD 100.00** rental fee per month (available for both systems iMRS complete and iMRS professional)!

iSLRS cannot be rented!

All displayed prices excl. applicable taxes!

Please fill out the rental agreement attached to this flyer and submit it to the office in your country! The shipment to your address is free of charge. If you return the device back to our warehouse after the 4-week trial period you are responsible for the shipping cost.

Try and feel the life changing difference – 8 minutes at a time!





### Rental Agreement iMRS (CANADA)

(please fill out in BIG LETTERS or with your Computer!)

Client: Invoice address:																						
Title, First Name, Surname	Mr.			Mrs.																		
Address																						
Post Code, Town											Cour	ntry										
Phone											Mobi	ile										
E-Mail																						
Client: Delivery address: (	to be	com	plete	d onl	y if	the address	is di	ffere	nt fr	om	the	abov	re)									
Title, First Name, Surname	Mr.			Mrs.																		
Address																						
Post Code, Town											Cour	ntry										
LSC/CLSC Number					LSC,	CLSC Name																
LSC/CLSC E-Mail																						
IB: If the client decides to return osts. The following components ourchase price at time of purchase and Pont to be paid up	can also e).								D car	d) n	nonth		t CAE	) 10		0 (1	will	onl	y be		icted	
<ul><li>3 Deposit and Rent to be paid u</li><li>Credit Card</li></ul>	p iront.				Cr	editcard Numb	er [												] [	$\top$	$\top$	$\top$
☐ Wire Transfer						Exp. Date	Ī		/					L	Se	cui	rity	Cod	de [	$\dagger$		T
<b>4</b> The client ensures that Swiss						operty is prote any damage, c													ic So	lutio	ns Ca	

Place/Date **Signature** 

Place/Date SBS Canada Inc.

Swiss Bionic Solutions Canada Inc. 1195 North Service Rd W. Unit B8 Oakville, ON L6M 2W2 Canada

Phone: 905-465-0753 Fax: 1-866-792-8182 E-Mail: ca@ swissbionic.com Internet: www.swissbionic.com GST/HST Registration #: 133664763 Royal Bank of Canada Account Number: 100-390-4 Branch Number: 02782 Institution Number: 003 Swift Code: ROYCCAT2



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