



1227 S. Gene Autry Trail
Palm Springs, CA 92264
Phone: (760) 325-8988 / Fax: (760) 325-8814

RENTAL AGREEMENT

DATE RESERVED _____

LAST NAME _____ FIRST NAME _____ HEIGHT _____ WEIGHT _____

EQUIPMENT RENTED _____ SERIAL # _____

PICKUP DATE _____ RETURN DATE _____

RENTAL PERIOD: WKEND ___ WEEK ___ MONTH ___ RENTAL CHARGE _____

LOCAL ADDRESS _____

CITY/STATE/ZIP _____

LOCAL TELEPHONE # _____ CELL # _____

BILLING ADDRESS _____

CITY/STATE/ZIP _____

CREDIT CARD NAME AND # _____

EXPIRATION DATE: _____ V-CODE _____

ADDITIONAL AMOUNT CHARGED IF EQUIPMENT DAMAGED OR NOT RETURNED _____

- Renter agrees to return said equipment in the same condition as when rented.
- Renter agrees to be responsible for loss and any damages to the rented equipment.
- Renter agrees to return equipment promptly upon due date or will be subject to additional weekly or monthly charges until the return date.
- ***Early returns will incur an additional cleaning fee of \$25.00.***

SIGNATURE UPON PICKUP _____ DATE _____

CONDITION OF EQUIPMENT RETURNED: _____

SIGNATURE UPON RETURN: _____ DATE _____