

Rental Agreement



943 Eglinton Avenue East, Toronto, ON M4G 4B5
T: 416 423 0434 F: 416 423 3129

Billing Information

Name: _____
Address: _____

Contact: _____
Telephone: _____ Cell: _____
Fax: _____ Email: _____

Delivery Details

Date: _____ Booked on: _____ WO# _____
Make & Model: _____ Bench: _____
IN Time: _____ Contact: _____ Tel: _____
Address: _____

Special Instructions: _____
Movers: _____ Booked by: Customer Us
Sign, Brochures, etc.. _____

Pickup

Date: _____ OUT Time: _____ Movers: _____
Special Instructions: _____

Payment

Rate: _____ Tax: _____ Total: _____
Payment: Visa M/C Card #: _____ Expiry Date: _____
Name on Card: _____

NOTE: I understand that I am responsible for any and all charges related to the rental or promotional use of this/these instruments (i.e. rental fee, damage, additional cartage, loss etc..) from the time of delivery to the time of pickup. Payment must be processed on or prior to delivery.

Print Name: _____
Signature: _____ Date: _____