

[NAME OF SUPPLIER]  
 [ADDRESS]  
 [PHONE / FAX / EMAIL]

**MEDIA EQUIPMENT & TECHNICAL SERVICES  
 RENTAL APPLICATION & AGREEMENT**

Date: \_\_\_\_\_

**Lessee's Information:**

Name:					
Address:					
City:		State / Prov:		Zip / Postal Code:	
Phone No(s):		Fax No(s):			
Email Address(es):					
Contact Person (if a company):					
<b>CREDIT CARD INFORMATION:</b>					
Type of card:					
Number:					
Name on card:					
Expiry date:					
Equipment & Services:		See Attached Schedule 1			
Pick-Up Date (rental period commences):					
Return Date (rental period ends):					
AMOUNT DUE PRIOR TO DELIVERY:		Security Deposit		\$\$\$. ##</td <td></td>	
		Handling Charges (if applicable)		\$\$\$. ##</td <td></td>	
		Rental Fees		\$\$\$. ##</td <td></td>	
		Technician Fees (if applicable)		\$\$\$. ##</td <td></td>	
		Taxes (if applicable)		\$\$\$. ##</td <td></td>	
		<b>TOTAL RENTAL AMOUNT:</b>			<b>\$\$\$.<!--##</b--></b>

**Rental Terms & Conditions**

1. *Security Deposit:* A security deposit equal to \_\_\_% of the value of the Equipment rented is required and must be paid on or before the pick-up date. If there has been no loss of or damage to the Equipment during the rental period, the security deposit will be returned in full to the Lessee within \_\_\_ days following the return date. Lessee agrees that the Supplier may deduct from the security deposit late fees, costs of damages and/or replacement costs for any loss of or damage to the Equipment. Any balance remaining will be refunded to Lessee. Security deposits will be refunded by Supplier's company check.