

Equipment Rental Contract



ORDER DATE: _____
 LICENSED ACCOUNT:
 Acct# _____

DATE OUT: _____
 RETURN DATE: _____
 DEPOSIT FEE: _____
 DEPOSIT COLLECTED: _____

ACCOUNT NAME: _____

EQUIPMENT RENTED BY:

NAME: _____
 ADDRESS: _____
 CITY, STATE & ZIP: _____
 PHONE #: _____
 WORK #: _____

RETURNING EMPLOYEE TO COMPLETE:

REGULATOR:
 YES NO DAMAGE

CO2:
 YES NO DAMAGE

TAVERN HEAD:
 YES NO DAMAGE

TUB:
 YES NO DAMAGE

FAUCET:
 YES NO DAMAGE

EQUIPMENT LIST:

# RENTED	DESCRIPTION	UNIT #	RENTAL FEE 5 DAYS MAX	CUS- TOMER INITIALS	DEPOSIT AMOUNT	#CHECKED IN
	CO2 UNIT		\$20.00		\$200.00	
	HAND PUMP		\$5.00		\$50.00	
	ICE TUBS		\$10.00		\$35.00	
	JOCKEY BOX		\$20.00		\$300.00	
	*DRAFT TRAILER		\$100.00		\$500.00	

SALES OFFICE HOURS: MON - FRI 8:30 AM - 5:00 PM; SAT 10:00 AM - 2:00 PM.
 CLOSED ON SUNDAY.

*If draft trailer is to be towed by renter, proof of insurance must be provided.

NEED HELP? Please call 208-955-7931 during regular Sales Office hours (Mon-Fri 8:30am to 5:00pm or Sat 10:30 to 2:00pm). All other times please call 208-866-3173

PLEASE READ BEFORE SIGNING

1. Deposit forfeited for missing items or items requiring repair upon return.
2. Equipment rented is subject to conditions and terms on the reverse side of this contract.
3. Keg tubs may leak, **ALWAYS USE A LINER!**
4. A copy of your receipt is required when you return your keg and/or equipment.

6% SALES TAX: _____
 SUBTOTAL: _____
 LESS DEPOSIT: _____
 TOTAL: _____

Signature of Leasee: _____ Date: _____

Idaho State Sticker #'s

Date due back by, after which additional rent will be charged _____

Print name of CSB Employee _____

I have read back of contract for terms of rental. _____