

# 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 #: \_\_\_\_\_

**EQUIPMENT LIST:**

**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

# 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	

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

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.

Signature of Leasee: \_\_\_\_\_ Date: \_\_\_\_\_

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. \_\_\_\_\_

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

6% SALES TAX: \_\_\_\_\_  
 SUBTOTAL: \_\_\_\_\_  
 LESS DEPOSIT: \_\_\_\_\_  
 TOTAL: \_\_\_\_\_

Idaho State Sticker #'s

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_