

Equipment Rental Contract



ACCOUNT NAME: _____

EQUIPMENT RENTED BY: _____

NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE # : _____

WORK #: _____

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		\$75.00	
	JOCKEY BOX		\$20.00		\$500.00	
	*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.

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. _____ x
2. Equipment rented is subject to conditions and terms on the reverse side of this contract. _____ x
3. Keg tubs may leak, ALWAYS USE A LINER! _____ x
4. A copy of your receipt is required when you return your keg and/or equipment. _____ x

Signature of Lessee: _____ 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. _____ Customer signature required.

ORDER DATE: _____
 LICENSED ACCOUNT:
 Acct# _____

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

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

*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

