



ASM 825A RENTAL CONTRACT

Fax completed form to 214-666-3225 or email to orders@slipdoctors.com

I, _____, agree to provide a \$859.00 deposit (via credit card) for rental of the ASM 825A. The balance of the deposit will be returned after completion of the rental period. Failure to return any equipment will result in charges being assessed upon inspection.

Charges drawn from the deposit are as follows:

- \$200.00 minimum five (5) full business day rental fee.*
- \$50.00 per day after the first five (5) days from the verified date of receipt by Renter.
- Renter agrees to pay all shipping costs (outbound and return).
- Renter agrees to pay all costs of parts and repairs for damage caused by Renter’s abuse of the device.

*NOT RESPONSIBLE FOR RENTER’S DELAYS OR WEATHER SCHEDULES. PLEASE PLAN YOUR RENTAL PERIOD ACCORDINGLY.

OPTIONAL ITEM	
Provide NFSI/ANSI B101.1 Standard - \$50.00	_____ Yes _____ No

TOTAL CHARGE: \$ _____

Requested Rental Dates: _____

Renter’s Name: _____

Company Name: _____

Address: _____

City: _____ ST: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Credit Card Type: _____ Visa _____ MC _____ AMEX _____ Discover

Name as it Appears on Card: _____

Card No.: _____ Exp: _____ Security Code: _____

Billing Address: _____ Same as Above _____

Renter’s Signature

Date