

# PRESENTATION SYSTEMS

## RENTAL AGREEMENT FORM

Please complete and fax back to 408-371-5926 to reserve equipment

**Company Name:** \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax or Email Address:** \_\_\_\_\_

By signing this agreement form I agree to rent items listed in Presentation Systems quotation number \_\_\_\_\_ for the specified period of \_\_\_\_\_  Day  Weekend  Week. I agree to pay all invoices in full in net 10 days upon receipt and agree to abide by all terms and conditions set forth. I agree to return all equipment and accessories, in the same condition as received or pay additional charges to repair equipment or replace missing accessories. I understand that a finance charge of 3% per month will apply to any overdue balances. I authorize charging the credit card number listed below if I have requested "Charge to credit card" for Payment Method or in the event that the invoice becomes more than 30 days overdue. I understand all Rental Orders must be canceled at least 4 hours prior to scheduled time or full charges will apply.

**Credit Card Number** \_\_\_\_\_ **Exp** \_\_\_\_\_ **Security** \_\_\_\_\_  
(Required for ALL Rentals) \_\_\_\_\_ **Date** \_\_\_\_\_ **Code** \_\_\_\_\_

**Name on Card** \_\_\_\_\_ **CC Billing Zip Code** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Complete here if you are picking up the equipment :**

→Customer equipment pick-up/drop-off hours Mon-Fri, 8:30AM-5:00PM  
Your Pick-Up Date \_\_\_\_\_ Time \_\_\_\_\_  
Your Return Date \_\_\_\_\_ Time \_\_\_\_\_  
Number of people presenting to \_\_\_\_\_  
Name of Person Picking up: \_\_\_\_\_

**Complete here if we are delivering the equipment :**

→Delivery & Set-up on days, eves & weekends –Delivery fee charged  
Delivery Date \_\_\_\_\_ Time \_\_\_\_\_  
Pick-up Date \_\_\_\_\_ Time \_\_\_\_\_  
Time Your Event Begins \_\_\_\_\_  
Number of people presenting to \_\_\_\_\_

Delivery Location Info  
(If different than above)  
Contact Name \_\_\_\_\_  
Contact Phone # \_\_\_\_\_  
Delivery Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Let us know what equipment you need :**

- Attach our written quote and **(CIRCLE)** the items you need OR
- List the items you need here \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- List items we are not providing but is being connected to our equipment \_\_\_\_\_
- Note any special cable/power cord lengths (15'+) or other requirements \_\_\_\_\_

**How You are paying:**  Charge to credit card  Check/Cash At End of Rental  Invoice Net 10

**Where to Send Invoice:**  Printed Invoice at Rental  Mail Invoice to \_\_\_\_\_  
\_\_\_\_\_  
 E-Mail Invoice to Address at top \_\_\_\_\_  
\_\_\_\_\_