

# Equipment Rental Form

(407) 882-0021

(407) 823-2399 FAX

DATE SUBMITTED: \_\_\_\_\_

**\*\*This form MUST be filled out COMPLETELY seven (7) business days prior to delivery to be considered for approval by the Equipment Rental Manager. \*\* Rental requests made within 7 days of required date may be declined.**

**EVENT INFORMATION** **EMS #:** \_\_\_\_\_

Title of Event: \_\_\_\_\_  
 Organization/Department: \_\_\_\_\_ Contact Location: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Work Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_  
 Alternate Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**PAYMENT INFORMATION (Must be received 3 days prior to rental. 407-823-3230)**

Contact for Payment: \_\_\_\_\_  
 Primary Payment Phone: \_\_\_\_\_  
 Method of Payment Type: \_\_\_\_\_

**PLEASE CALL RENAE TUCKER OF ADDITION FINANCIAL ARENA WITH PAYMENT INFORMATION PRIOR TO DELIVERY 407-823-3230**

**ALL RENTALS ARE NOT APPROVED UNTIL AN EQUIPMENT RENTAL INVOICE IS SIGNED AND RETURNED**

| <b>GETTING THE EQUIPMENT</b>   | <b>GIVING IT BACK</b>  |
|--|--|
| <input type="checkbox"/> ARENA DELIVERY/ SET-UP<br><input type="checkbox"/> CLIENT PICK-UP<br>Delivery Date/Time (1 Hour Window): _____<br><br>Location: _____ | <input type="checkbox"/> ARENA PICK-UP/ BREAKDOWN<br><input type="checkbox"/> CLIENT RETURN<br>Return Date/Time (30 Minute Window): _____<br><br>Location: _____ |

| <b>TYPE OF EQUIPMENT</b> |      |      |          |
|--------------------------|------|------|----------|
| Items                    | Type | Size | Quantity |
|                          |      |      |          |
|                          |      |      |          |
|                          |      |      |          |

I accept responsibility for the care and condition of the above listed equipment and will make arrangements to have the equipment returned on the date and time stipulated; if the equipment is not returned on time, I will be billed for each extra day. I also agree to securely store the equipment in a permanent building (rather than a tent) at any time while not in use. **If the equipment is lost or damaged, I acknowledge that I will be responsible for the replacement cost of new equipment.** I realize equipment will not be left or picked up at delivery location if a representative is not available to sign at agreed date and time. **I acknowledge that payment must be received at least three (3) business days in advance of delivery date or the rental will be cancelled.** I acknowledge that I will be billed for any additional equipment or labor costs incurred during delivery or pick-up. I also agree that if I cancel my rental within 14 days of the delivery date I will receive half of the rental charge back and if I cancel within 7 days of the delivery date I will not receive a refund (if payment has not yet been received and the rental is cancelled, I will still be charged that amount). Unless a UCF account number is provided (or a copy of a tax exempt form), tax will be applied to the rental cost. Payments may be made via cash, certified check (Made out to UCF Convocation Corporation), or credit card only. No FEID numbers will be accepted.

\_\_\_\_\_  
 President or Authorized Signer \_\_\_\_\_  
 Date