



**RENTAL AGREEMENT**

Firm Name:  
Address:  
Phone:  
Fax:  
Contact Person:  
Date Pick-Up:  
Date Returned:

ITEM#

List Price:

Rental Price:

Credit Card Type:

Name On Card:

Credit Card:

Billing Address:

Expiration Date:

CVV2 Code:

CREDIT CARD WILL BE CHARGED FOR THE AMOUNT OF THE LIST PRICE IF THE PIECE IS DAMAGED OR NOT RETURNED ON THE END OF THE RENTAL DATE, UNLESS OTHERWISE AGREED BY VENFIELD INC.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

VENFIELD INC.  
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