



INDUSTRIAL MAINTENANCE SPECIALTIES, INC.
4281 BROGDON EXCHANGE
SUWANEE, GA 30024
770-271-7616

No. _____
RENTAL AGREEMENT

Date Ordered: _____
 Ordered by: _____
 Customer P.O. #: _____
 Date Delivered: _____
 Estimated Date of Return: _____

Customer Name: _____
 (Renter)
 Billing Address: _____

Delivery Location: _____

**TO RELEASE EQUIPMENT FOR PICK-UP,
 PLEASE CALL 770-271-7616
 YOU WILL RECEIVE A CONFIRMATION NUMBER AT THAT TIME.**

OFFICE USE	Confirmation # _____	Date/Time: _____
	_____	_____

ON-SITE CONTACT NAME _____

ON-SITE NUMBER _____

EQUIPMENT INFORMATION Description (Make, Model, Serial Number)	RENTAL I.D. #	HOUR METER READING		
		Delivery	(Initials)	Pick-Up
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Customer is responsible for fuel/electric power. Customer must plug in lift charger when not in use to ensure fully charged batteries. Normal charging time - 8 hours.
 ADD WATER AFTER EACH CHARGE.

CHARGES	
DAYS	_____
WEEKS	_____
MONTHS	_____
RENTAL TOTAL	_____
DAMAGE WAIVER	_____
DELIVERY/PICK-UP	_____
EXTENSION CHARGES	_____
EXTENSION DELIVERY/PICK-UP	_____
LOCATION CHANGE	_____
SALES TAX	_____
TOTAL DUE:	_____

EXTENSION INFORMATION

Was extension arranged prior to scheduled pick-up? ___yes ___no

Number of additional days _____

If yes, no additional pick-up charge applies. If no, \$100.00 additional charge will be incurred.

New estimated date of pick-up _____

2nd EXTENSION INFORMATION

Was extension arranged prior to scheduled pick-up? ___yes ___no

Technician initials _____

(By initialing above, technician acknowledges responsibility for equipment being left onsite and is responsible for obtaining any necessary authorization).

SPECIAL NOTE: "DURING THE RENTAL PERIOD, FUEL IS NOT INCLUDED IN ANY EQUIPMENT THAT REQUIRES FUEL."

STANDARD USAGE

Rental is based on a maximum use for each Unit of 160 hours per 4-week month (maximum 28 day possession), 40 hours per week (5 working days) or 8 hours per day (24 hour possession).

Renter acknowledges that the equipment leased under this agreement has all the necessary and proper safety equipment in place and shall not be removed or tampered with and accepts all liability for any loss or injury incurred. Any damage to this equipment arising from any source whatsoever will be charged directly to the Renter.

IF RENTER DOES NOT CONTACT IMS FOR PICKUP AND RECIEVES A CONFIRMATION NUMBER, ALL APPLICABLE RENTAL RATES WILL CONTINUE UNTIL PICK UPOF EQUIPMENT IS ARRANGED!!

AGREE

SIGNATURE _____

EQUIPMENT CONDITION CHECKLIST		
	At Delivery	At Pick-Up
Safety Equipment	_____	_____
Safety Manual	_____	_____
Guard Rails	_____	_____
Decals	_____	_____
Battery Water Levels	_____	_____
Full Battery Charge	_____	_____
All Functions	_____	_____
Cleanliness	_____	_____
Paint	_____	_____
Hydraulic Oil Level	_____	_____
Other _____	_____	_____

SAFETY:

Renter accepts responsibility of allowing only fully trained and authorized operators to use this equipment. User will not operate equipment unless all necessary materials and training has been provided to them.

Renter hereby leases the referenced equipment according to the rental terms and conditions herein and on the reverse side of this agreement.

Authorized Signature _____ Date _____

PICK-UP RECEIPT

Customer signature at pick-up _____ Date _____