

Equipment Rental Agreement

3010 North San Fernando Blvd. Burbank, CA 91504 Ph: 818.972.5883 | Fax: 818.973.2638

rentals@rhfs.com

Date Out: _

rentais@rnts.com				stomer count #:		
Customer Acct Name:			*Cı	ıst. PO#:		
Ship To Address:			* Ph	one:		
			*Fa	x:		
City:	Sta	ate:	Zip: ★Fn	nail:		
,		Da	te Needed Or	der		
Job Site Contact:			RH	HFS		
For Credit Card		t Card #: _			Approved by	Credit
_		on Card: _		В	Ву:	
Exp. Date:	CVV #: Recei	pt Email: _		D)ate:	
costs incurred in shippin Ryan Herco Flow Solution Solutions neither assum	ons will not accept any liability o	lyan Herco Flo or claims for la	w Solutions or to the manufacturer if r abor, loss of profit, repairs or other ex lerco Flow Solutions or any other pers	penses incide	ental to rental. Rya for it any other liab	ilities in con-
costs incurred in shippin Ryan Herco Flow Solution Solutions neither assum	ng parts or machines to or from R ons will not accept any liability o les nor authorizes any representa	lyan Herco Flo or claims for la	bor, loss of profit, repairs or other ex	penses incide	ental to rental. Rya for it any other liab	ilities in con-
costs incurred in shippin Ryan Herco Flow Solution Solutions neither assum	ng parts or machines to or from R ons will not accept any liability o les nor authorizes any representa	lyan Herco Flo or claims for la	bor, loss of profit, repairs or other ex	penses incide	ental to rental. Rya for it any other liab *Rental Rat	ilities in con-
costs incurred in shippin Ryan Herco Flow Solution Solutions neither assum nection with the rental o	ng parts or machines to or from R ons will not accept any liability o les nor authorizes any representa r use of these machines.	tyan Herco Flo or claims for la ative of Ryan I	bor, loss of profit, repairs or other ex lerco Flow Solutions or any other pers	penses incide on to assume	ental to rental. Rya for it any other liab *Rental Rat	es
costs incurred in shippin Ryan Herco Flow Solution Solutions neither assum nection with the rental o	ng parts or machines to or from R ons will not accept any liability o les nor authorizes any representa r use of these machines.	tyan Herco Flo or claims for la ative of Ryan I	bor, loss of profit, repairs or other ex lerco Flow Solutions or any other pers	penses incide on to assume	ental to rental. Rya for it any other liab *Rental Rat	es
costs incurred in shippin Ryan Herco Flow Solution Solutions neither assum nection with the rental o	ng parts or machines to or from R ons will not accept any liability o les nor authorizes any representa r use of these machines.	tyan Herco Flo or claims for la ative of Ryan I	bor, loss of profit, repairs or other ex lerco Flow Solutions or any other pers	penses incide on to assume	ental to rental. Rya for it any other liab *Rental Rat	es
Rental Rate Period Core Billing begins upor The daily rate only All rentals extendir Final billings for re weeks, three (3) weight Solutions neither assum nection with the rental of the second process of the second process of the solution of the second process	ACCESSORIES NEEDED ACCESSORIES NEEDED ACCESSORIES Needed (3) business to the first three (3) business dantals in the field in excess of oneeks or one (1) month.	QTY ues up to, an siness days. ays will be bil	abor, loss of profit, repairs or other exterior Flow Solutions or any other personal Serial Number	DAILY	*Rental Rat WEEKLY Counting as a full	es Monthly
Rental Rate Period Cor Billing begins upor The daily rate only All rentals extendir Final billings for re weeks, three (3) we Repair Costs for Renta Any repair or recor Repair charges wil All parts needed for	ACCESSORIES NEEDED ACCESSORIES NEEDED ACCESSORIES NEEDED ACCESSORIES Needed applies to the first three (3) business dantals in the field in excess of oneeks or one (1) month. Machines or Equipment: additions: applies to the first three (3) business dantals in the field in excess of oneeks or one (1) month. Machines or Equipment: additioning needed is the responance of the property or repair or reconditioning will be or repair or reconditioning will be one and the property of the property of the property or repair or reconditioning will be one and the property of the property	QTY QTY ues up to, an siness days. ays will be billed at Ry	SERIAL NUMBER d including, the date returned. ed weekly increments, with any port not be prorated and will be billed according customer and will be billed according.	DAILY ion of a week ull increment gly.	*Rental Rat WEEKLY Counting as a full	es Monthly week.
Rental Rate Period Cor Rental Rate Period Cor Billing begins upor The daily rate only All rentals extendir Final billings for re weeks, three (3) weeks, three (3) were an any repair or record Repair Charges will All parts needed for Any parts or access the undersigned has resulted.	ACCESSORIES NEEDED ACCESS	QTY QTY Uses up to, an siness days. ays will be billed at Ryl be charged	SERIAL NUMBER d including, the date returned. ed weekly increments, with any port not be prorated and will be billed according a two (2) hour minimum. an Herco Flow Solutions' cost plus 2	DAILY DAILY ion of a week ull increment gly. 0%.	*Rental Rat *Rental Rat WEEKLY Counting as a full is of one (1) week,	es Monthly week. two (2)
Rental Rate Period Cor Rental Rate Period Cor Billing begins upor The daily rate only All rentals extendir Final billings for re weeks, three (3) we Repair Costs for Renta Any repair or recor Repair charges wil All parts needed fo Any parts or acces The undersigned has rand Conditions.	ACCESSORIES NEEDED ACCESS	QTY QTY Ues up to, an siness days. ays will be billed at Ryl be charged and condit	SERIAL NUMBER SERIAL NUMBER d including, the date returned. ed weekly increments, with any port not be prorated and will be billed in focustomer and will be billed according a two (2) hour minimum. an Herco Flow Solutions' cost plus 2 to the Customer PO# on this agreement ons of this agreement and to Ryan	DAILY DAILY ion of a week ull increment gly. 0%. ient.	*Rental Rat *Rental Rat WEEKLY Counting as a full is of one (1) week,	es Monthly week. two (2)

*Required Information Rev. 2.0, 2/13/2012

Date In: _



Equipment Rental Return

3010 North San Fernando Blvd. Burbank, CA 91504 Ph: 818.972.5883 | Fax: 818.973.2638 rentals@rhfs.com

ustomer cet Name:	Step 1: Review Conta	act Information		Account #:	
Identifies: State: Zip: *Fmail:				*Cust. PO#:	
Step 2: Select Method to Return Equipment Rental Machine Return Options Option #1 Ship / Return to: RHFS Burbank Branch 3010 N San Fernando Blvd. Burbank, CA 91504 Attn: Rentals Carrier Name: Tracking Number: Printed Name: Instemer				*Phone:	
y:					
b Name: Taken By: b Site Intact: Taken By: b Site Intact: Refer by: B Site Intact: Reflex Sorder #: Step 2: Select Method to Return Equipment				*Fax:	
b Name:	y:	State:	Zip:	* Email:	
Step 2: Select Method to Return Equipment Rental Machine Return Options	Name:				
Rental Machine Return Options Option #1 Ship / Return to: RHFS Burbank Branch 3010 N San Fernando Blvd. Burbank, CA 91504 Attn: Rentals Return to your Local RHFS Warehouse. Carrier Name:				RHFS	
Ship / Return to: RHFS Burbank Branch 3010 N San Fernando Blvd. Burbank, CA 91504 Attn: Rentals Return to your Local RHFS Warehouse. Carrier Name: Tracking Number: Step 3: Sign & Date Return Form Instomer gnature: Instoner Instrumer	Step 2: Select Metho	d to Return Equipment			
Ship / Return to: RHFS Burbank Branch 3010 N San Fernando Blvd. Burbank, CA 91504 Attn: Rentals Carrier Name: Tracking Number: Step 3: Sign & Date Return Form Stomer Innature: Interpret (It different from above) This completed form must be completed and returned with the rental equipment to ensure proper billing. This completed Form must be completed and returned with the rental equipment to ensure proper billing. Rental Equipment Return Inspection & Test Ondition of Machine Upon Return: Technician: Technician:		Rental Machir	ne Return Opt	tions	
Step 3: Sign & Date Return Form Stomer gradure: Printed Name: Customer Email: It completed form must be completed and returned with the rental equipment to ensure proper billing. This completed form must be Completed and returned with the rental equipment to ensure proper billing. Rental Equipment Return Inspection & Test Ondition of Machine Upon Return: Technician:	Op	otion #1		Option #2	
Printed Name: Customer Email: This completed form must be completed and returned with the rental equipment to ensure proper billing. Serial #: Rental Equipment Return Inspection & Test Condition of Machine Upon Return: Technician:	3010 N San Fernando Blvd. Burbank, CA 91504 Attn: Rentals Carrier Name:		Return to your Local RHFS Warehouse .		
This completed form must be completed and returned with the rental equipment to ensure proper billing. Serial #:	Carrier Name:		nei		
This completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be completed form must be completed and returned with the rental equipment to ensure proper billing. Completed form must be co	Carrier Name: Tracking Number: Step 3: Sign & Date Fastomer inature:		_ Printed Name: _		
Rental Equipment Return Inspection & Test (For RHFS Use Only) ondition of Machine Upon Return:	Carrier Name: Tracking Number: Step 3: Sign & Date I stomer inature: stomer one #:		Printed Name:		
ondition of Machine Upon Return: Technician:	Carrier Name: Tracking Number: Step 3: Sign & Date Instrument Instrume: Instrument In	Return Form	Printed Name: - Customer Email: -	(If different from above)	
ondition of Machine Upon Return: Technician:	Carrier Name: Tracking Number: Step 3: Sign & Date Feature: stomer inature: stomer one #: (If different from above) This completed form	Return Form n must be completed and return	Printed Name: - Customer Email: -	(If different from above) equipment to ensure proper billing.	
	Carrier Name: Tracking Number: Step 3: Sign & Date Instance stomer (If different from above) This completed form chine Type:	Return Form n must be completed and return Serial #:	Printed Name: Customer Email: Customer	(If different from above) equipment to ensure proper billing. Date Returned:	
	Carrier Name: Tracking Number: Step 3: Sign & Date Feature: stomer nature: stomer one #: (If different from above) This completed form chine Type:	Return Form must be completed and return Serial #: Rental Equipment Re	Printed Name: Customer Email: Customer	(If different from above) equipment to ensure proper billing. Date Returned:	
omments / Special Instructions:	Carrier Name: Tracking Number: Step 3: Sign & Date Feature: stomer nature: stomer one #: (If different from above) This completed form chine Type:	Return Form must be completed and return Serial #: Rental Equipment Re	Printed Name: Customer Email: Customer	(If different from above) equipment to ensure proper billing. Date Returned:	
	Carrier Name: Tracking Number: Step 3: Sign & Date Feature: stomer nature: stomer one #: (If different from above) This completed form chine Type:	Return Form must be completed and return Serial #: Rental Equipment Re	Printed Name: Customer Email: Customer	(If different from above) equipment to ensure proper billing. Date Returned:	

*Required Information Rev. 2.0, 2/13/2012