



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

# Equipment Rental Agreement

\*Customer Acct Name: \_\_\_\_\_

\*Ship To Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Name: \_\_\_\_\_ Date Needed on Job Site: \_\_\_\_\_

\*Job Site Contact: \_\_\_\_\_

\*Customer Account #: \_\_\_\_\_

\*Cust. PO#: \_\_\_\_\_

\*Phone: \_\_\_\_\_

\*Fax: \_\_\_\_\_

\*Email: \_\_\_\_\_

Order Taken By: \_\_\_\_\_

RHFS Order #: \_\_\_\_\_

<b>For Credit Card Payments:</b>			<b>Approved by Credit</b>		
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX	Credit Card #: _____	Name on Card: _____	By: _____	Date: _____
Exp. Date: _____	CVV #: _____	Receipt Email: _____			

**Renter assumes all risks and liabilities which may result from the use of any material, whether used singly or in combination with other products. All freight costs incurred in shipping parts or machines to or from Ryan Herco Flow Solutions or to the manufacturer if necessary, are at the expense of the customer. Ryan Herco Flow Solutions will not accept any liability or claims for labor, loss of profit, repairs or other expenses incidental to rental. Ryan Herco Flow Solutions neither assumes nor authorizes any representative of Ryan Herco Flow Solutions or any other person to assume for it any other liabilities in connection with the rental or use of these machines.**

RENTAL EQUIPMENT	ACCESSORIES NEEDED	QTY	SERIAL NUMBER	*Rental Rates		
				DAILY	WEEKLY	MONTHLY

- Rental Rate Period Conditions:**
- Billing begins upon receipt of machine and continues up to, and including, the date returned.
  - The daily rate only applies to the first three (3) business days.
  - All rentals extending beyond three (3) business days will be billed weekly increments, with any portion of a week counting as a full week.
  - Final billings for rentals in the field in excess of one month will not be prorated and will be billed in full increments of one (1) week, two (2) weeks, three (3) weeks or one (1) month.

- Repair Costs for Rental Machines or Equipment:**
- Any repair or reconditioning needed is the responsibility of the customer and will be billed accordingly.
  - Repair charges will be billed at the rate of \$80.00 per hour with a two (2) hour minimum.
  - All parts needed for repair or reconditioning will be billed at Ryan Herco Flow Solutions' cost plus 20%.
  - Any parts or accessories missing or damaged will be charged to the Customer PO# on this agreement.

**The undersigned has read and agrees to the terms and conditions of this agreement and to Ryan Herco Flow Solutions' Standard Terms and Conditions.**

\*Customer Signature: \_\_\_\_\_ \*Date: \_\_\_\_\_

\*Print Name: \_\_\_\_\_ \*Estimated Return Date: \_\_\_\_\_

Date Out: \_\_\_\_\_ Date In: \_\_\_\_\_



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

# Equipment Rental Return

## Step 1: Review Contact Information

\*Customer Acct Name: \_\_\_\_\_ \*Customer Account #: \_\_\_\_\_

\*Ship To Address: \_\_\_\_\_ \*Cust. PO#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Job Name: \_\_\_\_\_ \*Fax: \_\_\_\_\_

\*Job Site Contact: \_\_\_\_\_ \*Email: \_\_\_\_\_

Order Taken By: \_\_\_\_\_

RHFS Order #: \_\_\_\_\_

## Step 2: Select Method to Return Equipment

Rental Machine Return Options	
Option #1	Option #2
Ship / Return to: <b>RHFS Burbank Branch</b> 3010 N San Fernando Blvd. Burbank, CA 91504 Attn: Rentals  Carrier Name: _____  Tracking Number: _____	Return to your <b>Local RHFS Warehouse.</b>

## Step 3: Sign & Date Return Form

Customer Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Customer Phone #: \_\_\_\_\_ (If different from above) Customer Email: \_\_\_\_\_ (If different from above)

*This completed form must be completed and returned with the rental equipment to ensure proper billing.*

Machine Type: \_\_\_\_\_ Serial #: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Rental Equipment Return Inspection & Test	
<small>(For RHFS Use Only)</small>	
Condition of Machine Upon Return:	
_____ _____ _____ Technician: _____	
Comments / Special Instructions:	
_____ _____ _____	