



1. Complete form
2. Save it to your desktop
3. Email as an attachment to trialtech@kusar.com

111 W. Ocean Blvd., Suite 1200, Long Beach, CA 90802
 Phone: 562.437.8485 | Fax: 562.437.8073 / trialtech@kusar.com

Date:
Job #:

EQUIPMENT RENTAL FORM

REQUESTOR INFORMATION

Company | Firm:
Case:
Contact:
Address:
Phone:
Email:

EVENT INFORMATION
Pickup date/time:

Return date/time:

Location of Event:

ITEM	QUANTITY	COST PER UNIT / PER DAY	TOTAL
42" TV & Stand		\$300.00	
Elmo Document Presenter		\$100.00	
LCD Projector		\$100.00	
Projection Screen		\$30.00	
Laptop PC / iPad		\$250.00	
AV Cart		\$25.00	
Delivery Setup & Removal		\$400.00	
Site Survey & Test (hourly)		\$100.00	
Polycom Phone		\$100.00	
Dry-Erase Board Easel		\$25.00	
Portable Printer		\$75.00	
Portable Scanner		\$50.00	
TOTALS			

RENTAL AGREEMENT

- Equipment not returned on time will accrue an additional day rental charge plus a \$25/day late return fee.
- REQUESTOR in this Rental Agreement Form shall be held responsible for all damaged and missing equipment.
- Kusar Court Reporters & Legal Services, Inc., is not liable for any injuries or damages that occur while equipment is in possession of the REQUESTOR.
- Payment and/or an authorized processing payment form must be received before request can be approved.

PAYMENT TERMS:

The Requestor is entirely responsible for the complete charges incurred, including any additional goods and services provided in connection with the rental. A deposit in the amount of the estimated duration of the rental is required by credit card at the time of scheduling. Overages or remaining balances will be charged to your credit card at the completion of the rental. MasterCard, Visa and Discover accepted. In any event, payment is due upon receipt of invoice. All accounts become past due after 30 days of invoice date and are subject to a late charge/finance charge. If it becomes necessary for Kusar Court Reporters & Legal Services, Inc., to pursue legal action for any/all invoices and accumulated interest, attorney fees and any/all court costs will be awarded to the prevailing party. This contract is entered into and governed by the State of California, County of Los Angeles.

CREDIT CARD AUTHORIZATION INFORMATION

Credit Card Type

- | | |
|------------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Visa | Card No. |
| <input type="checkbox"/> Master Card | Exp. Date |
| <input type="checkbox"/> American Express (2% fee applies) | CCV Code (3 digit code on back of card) |
| <input type="checkbox"/> Discover | |

Name as it appears on card

Billing address:

I hereby order the services as indicated and understand that I am financially responsible for this order. Payment is not contingent upon client reimbursement.

Authorized Name (signature / electronic name)

Amount to charge:

FOR OFFICE USE ONLY