

LES Farm and Garden Tool Rental

Date: _____

Tool : Milwaukee 12 AMP Sawzall

Serial # C2503193201705

LES ID # _____

Rates: Initial option below

- | | | |
|--------------------------------|---------|-------|
| <input type="radio"/> Half Day | \$16.00 | _____ |
| <input type="radio"/> Full Day | \$23.00 | _____ |
| <input type="radio"/> Weekly | \$92.00 | _____ |
| <input type="radio"/> Deposit | \$25.00 | _____ |
| | Total | _____ |

Date Checked Out _____

Date Checked In _____

Checked Out By _____

Checked In By _____

I agree to be responsible for the tool documented on this form. I will use the tool for its intended purpose. If I lose tool, I will be financially responsible to replace the same tool. Any blatant damages due to misuse will result in losing my deposit and future rental possibilities.

Signature

Date

Address

Phone

LES Employee Signature

Date