

# TRUCK RENTAL AGREEMENT

BETWEEN:



No. **236951**

AND:

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Customer Name _____	Phone No. _____
Employer/Company _____	Phone No. _____
Old Address _____ City _____ State _____ ZIP _____	
New Address _____ City _____ State _____ ZIP _____	
Driver's License No. _____	Date of Birth: _____

Initials Out: \_\_\_\_\_ Initials In: \_\_\_\_\_ Acknowledge physical condition of truck is without damage, or damage described as:

Dispatched:	Fuel Tank Full _____	Clean _____	12 Furniture Pads _____	Hand Truck _____
Received:	Fuel Tank Full _____	Clean _____	12 Furniture Pads _____	Hand Truck _____

	Rental Rates do not include Fuel	Charges
Odometer In _____	Hours @ _____ per hour	
Odometer Out _____	Days @ _____ per day	
Miles Driven _____	Weeks @ _____ per week	
Miles Allowed _____	Miles @ _____ per mile	
Chargeable Miles _____	Total Mileage & Rental Charges	
	Fuel @ _____ per gallon	
	Sub-Total	
Date Due Back _____	Comprehensive/Collision Damage Waiver	
Date & Time Out _____	with a \$ _____ deductible	+
Date & Time In _____	Sub-Total	+
Truck No. _____	Sales Tax	+
License No. _____	Total Charges	+
Year _____	Less Credits	-
	Less Deposit	-
	Payment (Refund)	

### OPTIONAL INSURANCE COVERAGE

**COMPREHENSIVE/COLLISION DAMAGE WAIVER NOTICE:** The Customer is responsible for all collision damage resulting from insufficient height or width clearances and the first \$2,500.00 of any loss or damage. Initials \_\_\_\_\_

Name of Renter's Insurance Carrier _____	Insurance Carrier Phone _____ ( )	Policy No. _____
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#### Additional Authorized Driver

Name _____	Signature _____
Insurance Carrier _____	Policy No. _____ Phone ( ) _____

### CUSTOMER MUST READ AND SIGN HERE

I HAVE READ AND AGREE TO BE BOUND BY THE TERMS & CONDITIONS OF BOTH SIDES OF THIS AGREEMENT.  
I HAVE READ AND UNDERSTAND THE LIMITATIONS OF ALL OFFERED AND DECLINED INSURANCE PACKAGES.

Customer Signature \_\_\_\_\_ Rental Authority Signature \_\_\_\_\_