



FAX TO: 707-769-8806

E-MAIL: customerservice@rstechserv.com

Rental Equipment Request

RST REGIONAL MANAGER: _____
 DISTRIBUTOR: _____

DATE: _____
 PHONE: _____

SHIP TO: _____

ATTN: _____

RENTAL EXPECTED DATE: _____

RENTAL RETURN DATE: _____

SHIP METHOD	1 DAY (10:30)	1 DAY (3:00)	2 DAY	3 DAY	GROUND	OTHER (PLEASE SPECIFY)
(place X in box)						

Type of Equipment Requested	Part # (for RST use only)

Rental Equipment Agreement:

- * A deposit may be required
- * All shipping cost are the responsibility of the Rental Customer
- * The quoted Rental fee will continue to accrue until the equipment is returned to RST
- * If the Rental period extends over one month then the monthly rental fee will be invoiced each month
- * If the Rental Equipment is not returned in good operating condition then the Renter will be responsible for the repair
- * If the Rental Equipment is not returned complete then the Renter will be responsible for Replacement cost for the missing items
- * Equipment may require a one month minimum Rental Period, this applies to most Systems.

Signature: _____

Date: _____

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