

Name _____

City _____ Province _____ Postal Code _____

Address _____

Home Phone _____ Work Phone _____

Equipment Rented Digital Camera Laptop Digital Projector Slide Projector

Days Rented _____ to _____
Rental Date Return Date

Credit Card Type Visa MasterCard Other _____

Credit Card Number _____

Expiry Date _____
Month Year

Terms Of Use

I, _____, agree to return the equipment rented in good
print name
 condition before library closing hours on _____. I will be responsible for
return date
 any repair or replacement costs. I agree to give my credit card information for security
 purposes in lieu of a deposit. I understand a late charge equal to the daily rental fee will be
 assessed for each day the equipment is out beyond the agreed return date.

Signature _____ Date _____

Rates

Equipment	Daily	Weekly
Digital Projector	\$75	\$175
Slide Projector	\$10	\$35
Camera	\$15	\$40

Cost

Equipment Rate _____

Total Days _____

Total Cost _____

Payment Type Cash Cheque

Receipt Number _____