TRAILER RENTAL AGREEMENT

BOAT DOCTOR MARINE

1109 4th St SW
Montgomery, MN 56069

Office: (952) 465-5628 Kevin: (952) 457-8839 Kathie: (952) 200-7211

I, _____, assume all liability and damages while this trailer is in my custody.

I am fully insured and understand any and all damages will be my responsibility including trailer condition, moving violations, personal and auto liability, etc.

Trailer Rental Fee is $_____ + tax, for the time period of _____.

If not returned by the agreed upon date/time, a late fee of $_____ + tax per day will be charged.

Trailer must be picked up and dropped off during normal business hours: (8:30 – 5:00 M – F)

Renter's Address: _____

_____

Contact Number: _____

_____ _____

Signature of Renter Date