

Equipment Rental Receipt Form

Receipt No.: _____

Date of Issue: _____

RENTER DETAILS

Name of Renter: _____

Company Name (if applicable): _____

Renter's Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____

EQUIPMENT RENTED

Equipment Name/Description: _____

Equipment ID/Serial No.: _____

Rental Start Date: _____ Return Date: _____

Total Days/Hours Rented: _____

PAYMENT DETAILS

Rental Rate per Day/Hour: \$ _____

Total Amount Paid: \$ _____

Payment Method: Cash Check Credit Card Other: _____

Security Deposit Paid: Yes No Amount: \$ _____

Date Payment Received: _____

CONDITION OF EQUIPMENT

Equipment Provided in Working Condition? Yes No

Any Pre-Existing Damage? Yes No

If Yes, Describe: _____

SIGNATURES

Renter's Name: _____

Signature: _____

Date: _____

Issued By (Owner/Agent): _____

Signature: _____

Date: _____