

EQUIPMENT RENTAL FORM
 Allstarcade | sales@allstarcade.com
 Phone 213.537.BEER (2337) - Fax 805.541.5701



Date _____

REQUESTOR INFORMATION

Organization	
Contact Person	
Address	
Phone	Alt #
Email	Fax

RENTAL INFORMATION

Pick up time/date _____

Return time/date _____

Location of Event _____

ITEM	QUANTITY	COST PER UNIT/PER DAY	TOTAL
Arkeg 24 hour rental period		\$150	
Arkeg 24 hour extension		\$75	
Delivery Within 20 miles of SLO		Included	
Extended Delivery charge 20¢/mi		TBD	
Holiday Surcharge		\$25	
Empty Cornelious Keg Includes clean and sanitize		\$10.00	
CO ₂ Bottle		Included	
"Rush" Fee		\$25.00	
Return Check Fee		\$25.00	
Total			

FORM OF PAYMENT

Cash Check

*Make checks payable to
Allstarcade*

Credit Card

CC# _____

Expires _____

X _____

RENTAL AGREEMENT

- *Request must be made at least 3 days prior to delivery date. Other requests will be charged a rush fee of \$25.*
- *Requesting party(ies) will be held responsible for all damaged and missing equipment.*
- *This form also serves as an invoice. Payments should be made according to information on this form.*
- *Allstarcade is not liable for any injuries or damages that occur while equipment is in possession of the requesting party(ies).*
- *Payment and/or authorized processing payment form must be received before request can be approved.*

Renters Signature _____ **Date** _____

FOR OFFICE USE ONLY	<input type="checkbox"/> Request Approved	<input type="checkbox"/> Request Denied
Authorization Signature _____	Total Charge \$ _____	
Equipment Pick-up and Return Location _____		