61 Main St
Delhi, NY 13753
212.206.1099 Tel
212.206.1070 Fax

WEEKLY BOX RENTAL FORM

PRODUCTION COMPANY: _____

PROJECTTITLE: _____

EMPLOYEE: _____ Last 4 S.S.#: XXX-XX- _____

LOAN OUT: _____ FED ID: _____

ADDRESS: _____

_____

TELEPHONE: _____ POSITION: _____

RENTAL RATE: _____ ○PER DAY ○PER WEEK (select one)

RENTAL PERIOD: _____ #of days:

TOTAL$ _____

INVENTORY: (Attached additional pages If necessary

_____

_____

_____

_____

EMPLOYEE SIGNATURE: _____ DATE: _____

PRODUCER SIGNATURE: _____ DATE: _____