

Technology Resource Center
(575) 538-6360
Western New Mexico University

Equipment Rental Contract

Name: _____ Date: _____

Business/Organization: _____

Phone #: _____ Fax #: _____

Bill To:

Name _____

Address _____

City _____ State _____ Zip _____

Equipment needed: _____

Location Needed: _____

Start Date: _____ Start Time: _____

End Date: _____ End Time: _____

Please read the following conditions and sign below:

I accept full responsibility for the repair or replacement of the equipment or materials checked out in the event of damage, theft, or loss. I also agree to return the equipment and /or materials by the time it is due. If these conditions are not met, I understand that my privilege to check out audiovisual materials will be revoked until satisfactory arrangements are made. I further understand that any cost for replacement may be charged to me. WNMU reserves the right to pursue legal action if necessary in order to recover costs on lost, stolen, or damaged equipment and materials.

Signature: _____ Date: _____

Equipment checked out by: _____ Date: _____

Equipment returned by: _____ Date: _____