

NAME _____

Coonawarra Vignerons
PO Box 304
COONAWARRA SA 5263
P 08 8737 2392
E enquiries@coonawarra.org

PHONE

EQUIPMENT RENTAL AGREEMENT

ADDRESS				MOBILE		
	_			STATE & POSTCODE		
	EMAIL _			-		
EVENT			EVENT DATE			
DATE PICKED UP						
DATE RETURNED				RECEIVED BY		
DRIVERS LICENSE				STATE		
CREDIT CARD# _				EXPIRY DATE		
	LUDEDAL			CCV		
HIRERS' SIGNATURE				DATE		
	I understand tha	t any damage or breakages will be invoiced and				
		,		T		
TY		ITEM	SIZE	REPLACEMENT COST	RATE	COST
						l
				SUB TOTAL		
	Cinnet 5	2		-	GST	
	signature of C	Coonawarra Vignerons Official				
	ITEMS RETUR	NED IN SATISFACTORY CONDITION			TOTAL	