



Rental request:

First Name _____ Last Name _____

Phone Number _____ Alternate Number _____

Best time to Call: _____ Email Address _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Dates needed: From _____ To _____

Special requests _____

Need to Rent

- | | |
|---|--|
| <input type="checkbox"/> Axle Pads (Truck Weighing) | <input type="checkbox"/> Bench Scales |
| <input type="checkbox"/> Truck Scales | <input type="checkbox"/> Counting Scales |
| <input type="checkbox"/> Floor Scales | <input type="checkbox"/> Hanging Scales |
| <input type="checkbox"/> Balances | <input type="checkbox"/> Floor Printers |
| <input type="checkbox"/> Other: _____ | |

Enter Capacity (If Known) _____

Length of Rental (If Known)

- 1-2 Days
- 1 Week
- 2 Weeks
- 1 Month
- More than a Month
- Unknown

Delivery Address (If Different than Above)

City _____ State _____ Zip _____
