



Fax (646) 514-6783
Phone (646) 336-4430

Laptop Rental Form

Please fill out this form completely, read the policy statement, sign the bottom, and fax to 646-514-6783

Important: Please Read Carefully Before Renting Laptops
 Your organization may cancel this agreement reservation up to 3 (three) business days before the scheduled date without penalty. At any time thereafter, you are responsible for 100% (one hundred percent) of the fee. Full payment is required before laptops will be delivered.

It is expressly understood that the company, individual, or entity renting the equipment shall be responsible for any loss or damage, accidental or otherwise, to equipment while in their possession, and shall reimburse PC Learn the full value of the equipment, or the cost of repairs, in any such case. PC Learn at its option may require proof of insurance by the renter, with PC Learn a named beneficiary, where the value of the rental agreement exceeds stated threshold amounts. A late fee of \$25 per day shall be assessed per laptop for each day retained by renter beyond the end date listed on this agreement.

Your signature at the bottom of this form indicates your authority to enter into this agreement, your understanding of this policy and that you agree to comply, including full payment of any applicable cancellation or rescheduling fees.

1 Billing & Contact Information

Company		Contact Name	Fax	
Address		E-Mail	Contact Phone	
City	State	Zip		

2 Event Information

Name of Event				
Address				
City		State	Zip	
Start Date	End Date	Total Number of Days	Delivery Time	<input type="checkbox"/> Freight Entrance/Elevator Required? Location:

3 Equipment

# of Laptops and Model	Price per laptop \$	Operating System & Version		
Additional software? (\$100 per hr setup fee)		<input type="checkbox"/> Networking required? (included in setup fee, \$100 per hr)	Any special networking needs:	
<input type="checkbox"/> LCD Projector (\$150 per day, \$500 per week) \$	<input type="checkbox"/> Projection Screen (\$50 per day, \$200 per week) \$	<input type="checkbox"/> PA System (\$250 per day, \$100 per week) \$		
Total Fees for this Event \$				

4 Payment Visa MasterCard Company Check

Card # _____ Exp. Date _____ Name on Card: _____

5 Additional Requirements or Special Instructions

If there are any additional please describe them in detail on your company letterhead and attach or fax to PC Learn with this form.

6 Signature **X**

Signature indicates acceptance of PC Learn's policies as outlined above.

Date / /