



2510 Sparrow Drive, Nisku, AB T9E 8N5 | Phone: 780.955.3639 Fax: 780.955.3615

## SHORT TERM HEAVY EQUIPMENT RENTAL FORM (RENTALS 30 DAYS OR LESS)

### INSTRUCTIONS:

1. Sign and date the completed form.
2. Complete one form per change request 2. Please answer all questions – we cannot process incomplete forms.
3. Provide a copy of the RENTAL AGREEMENT .
4. Sign and date the completed form.

### GENERAL INFORMATION

MEMBER NAME:

MEMBER NO.:

MAILING ADDRESS:

CITY:

POSTAL CODE:

CONTACT PERSON:

PHONE NO.:

EMAIL:

### RENTAL INFORMATION

1. Effective date to be added: \_\_\_\_\_

2. Date to be returned: \_\_\_\_\_

\*You must notify us on the date the equipment is returned in order for it to be deleted. Otherwise, it will be charged for time on risk.

YEAR	MAKE/MODEL	SERIAL NO.	EQUIPMENT USE	VALUE

### LOSS PAYABLE INFORMATION

Loss payable to: \_\_\_\_\_

Name: \_\_\_\_\_

Province: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_



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**SIGNATURE OF INDIVIDUAL COMPLETING APPLICATION**

(By typing your full name into the digital signature field above, you confirm the information on this form is accurate and binding.)

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**PRINTED NAME**

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**POSITION / TITLE**

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**DATE**