

# EBC Bike & Trailer Rental Form

Borrower Information		
Full Name:		
Phone:	Email:	
Address:		
Rental Waiver completed?	<input type="checkbox"/> Yes	Deposit received? <input type="checkbox"/> Yes
		Type?

Equipment Check List (check all that items rented)					
Bike Rental			Trailer Rental		
Part Name	Out	In	Part Name	Out	In
<b>Rental Bike #</b> _____	<input type="checkbox"/>	<input type="checkbox"/>	<b>BAW Model 64 Cargo Trailer</b>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement Cost	\$100		Replacement Cost	\$695	
<b>Front Light</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BAW Model 96 Cargo Trailer</b>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement Cost	\$5		Replacement Cost	\$770	
<b>Rear Light</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BAW Trailer Hitch</b>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement Cost	\$10		Replacement Cost	\$100	
<b>Pannier</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BOB Yak</b>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement Cost	\$32		Replacement Cost	\$410	
<b>Lock</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BOB 10mm Nutz</b>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement Cost	\$25		Replacement Cost (set of two)	\$28	
<b>Filzer Multitool</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>BOB Standard Skewer</b>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement Cost	\$16		Replacement Cost	\$28	
<b>Pump</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>	<input type="checkbox"/>
Replacement Cost	\$10		Replacement Cost	_____	

Rental Information	
Please inspect the trailer carefully and note any pre-existing damage.	
Date/Time Borrowed:	Date/Time Due Back:
Payment Collected: \$	Staff's Name:

**I agree to the terms of the Bike & Trailer Rental Agreement & that the above information is correct.**

Borrower's Signature:
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When Bike and/or Trailer Returns	
Please list any damage or missing items:	
Additional Payment: \$	Reason: <input type="checkbox"/> Late <input type="checkbox"/> Damaged <input type="checkbox"/> Items missing
Date/Time Returned:	Staff's Name: