Rental Questionaire Form

Today’s Date Required Date of rental AM PM anytime

Company Name Name of person calling

Address Phone #

Insurance on file yes no COD yes no

Requested capacity Actual load weight with dimensions

Lift height requirement Lowered height restrictions

Fork length preferred Pnu Cushion LP Electric

Aprox length of rental days weeks months

Address of delivery

Dock Ground

On site contact name and #

Special Instructions