



RADIO RENTAL FORM

www.LongIslandRadio.com

631-231-0033 • service@longislandradio.com

305 Knickerbocker Ave, Suite 7 • Bohemia, New York 11716

BILLING & BUSINESS INFORMATION

Company Name: _____ DBA: _____

Contact Name _____

Business Phone ____/____-____ Cell Phone ____/____-____ EMAIL _____

Billing Address _____

City _____ State _____ Zip _____

Rental Information

Rental Dates: from ____/____/____ to ____/____/____

Equipment Requested:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____

I certify that I am authorized to make purchasing decisions for the above stated company. By signing this agreement I accept full responsibility for all merchandise rented from Suffolk County Communications. If any merchandise is lost, damaged, or stolen the replacement value deemed by Suffolk County Communications will be charged to the credit card on file. If any merchandise is not returned by 4:30 pm on the date it is due I will be charged the daily rental rate thereafter, until merchandise is returned.

Signature _____ Date _____

Printed Name _____ Title _____