

EMERGENCY EQUIPMENT RENTAL AGREEMENT

1. ORDERING OFFICE (name and address)		AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT						
		2. AGREEMENT NUMBER						
		3. EFFECTIVE DATES a. Beginning _____ b. Ending _____						
4. CONTRACTOR a. Name and Address		5. POINT OF HIRE (location when hired)						
b. EIN/SSN:		6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT						
c. Telephone Number (day) d. Telephone Number (night)								
		7. OPERATOR FURNISHED BY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> GOVERNMENT						
		8. TYPE OF CONTRACTOR ("X" appropriate boxes) <input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> LARGE BUSINESS <input type="checkbox"/> SMALL DISADVANTAGED OWNED <input type="checkbox"/> WOMEN OWNED <input type="checkbox"/> LABOR SURPLUS AREA <input type="checkbox"/> GOVERNMENT EMPLOYEE						
9. ITEM DESCRIPTION <i>(include make, model, year, serial number and accessories)</i>		10. NUMBER OF OPERATORS		11. WORK OR DAILY a. rate b. unit		12. SPECIAL a. rate b. unit		13. GUARANTEE <i>(8 or more hours)</i>
a.								
b.								
c.								
d.								
e.								
f.								
g.								
14. SPECIAL PROVISIONS								
15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE				16. DATE		17. CONTRACTING OFFICER'S SIGNATURE		18. DATE
19. PRINT NAME AND TITLE						20. PRINT NAME AND TITLE		