



SPARTA GRIP – RENTAL CONTRACT

Please fill in ALL information below and email to stu@spartagrip.com

Cardholder Name: _____

Credit Card Bank Name: _____

Credit Card Number: _____

Expiration Date: _____

CVV # _____

CC Bank Phone Number: _____

Please print billing address for above Credit Card:

Street Address: _____

City: _____ State: _____ Zip Code: _____

The undersigned assumes full responsibility for rented equipment including but not limited to: loss, damage, and theft.

I hereby authorize _____ to pick up equipment.

I hereby authorize Sparta Grip to charge the above Credit Card for full final payment after 30days from date of original invoice, as well as security deposits, insurance deductibles, expendables, mileage, loss and damage, late fees, and processing fees.

I declare that the information I have provided is true and correct and that I am fully authorized to use the above credit card for any and all purchases and rentals.

Sign: _____

Print Name: _____

Phone: _____

Email: _____

Date: _____

To avoid delays in your order **PLEASE PHOTOCOPY FRONT AND BACK OF YOUR IDENTIFICATION, CARD HOLDERS IDENTIFICATION AND CREDIT CARD** and include them when sending this form to: stu@spartagrip.com