BICYCLE RENTAL

TODAY'S DATE: _____ SALESPERSON: _____

NAME: _____

ADDRESS: _____

CITY: _____

PHONE: (DAY) _____ (EVENING) _____

_____	_____	_____	_____
Driver's License Number	Exp Date	DOB	State

_____	_____	_____	**MC VISA DISC AMEX JCB**
Credit Card Number	Exp Date	CVV	

PICK-UP DATE: _____ RETURN DATE: _____

ALL RENTALS MUST BE RETURNED BY 4:30 PM ON THE RETURN DATE

NON-REFUNDABLE ONE DAY RENTAL FEE DEPOSIT:

	$20.00		**$40.00**		**$85.00**		**CASH**		**CREDIT CARD**

Non-refundable deposit is collected at the time of reservation and is applied toward the rental total.

SECURITY DEPOSIT:

	$350.00		**$650.00**		**$1200.00**		**CASH**		**CREDIT CARD**

A hold for the retail value of the rental is placed on a credit card at the time the rental is picked up.

MODEL	SIZE	RENTAL ID	Circle one Day(s)/ Week(s)	RATE	TOTAL
Pedals:				n/c	
Car Bicycle Carrier:					

Cable Lock:		U-Lock:		Pump:	
Seat Bag:		WB Cage (s):			

Helmet:	Taken		Refused	

Subtotal:	
Less Rental Fee Deposit:	
Subtotal:	
Tax:	
TOTAL DUE:	

I agree that the road bicycle(s) will not be ridden off-road.

Signature: _____

RENTAL CONTRACT

I HEREBY RELEASE THE BIKE SHOP MANAGEMENT AND ITS EMPLOYEES, AGENTS AND REPRESENTATIVES OF ANY KIND FROM ANY LIABILTY FOR DAMAGES TO PERSONS OR PROPERTY RESULTING FROM THE USE OF EQUIPMENT RENTED AS LISTED HEREIN.

I have received in good condition all equipment listed on this receipt and agree to return same in good condition except for wear and tear incident to the normal usage of such equipment. I further agree to pay for any loss or damage to same at replacement or repair cost as appraised by an authorized agent of The Bike Shop. I understand that any deposit I may pay represents only a fraction of the value of said equipment. I further agree to pay additional rental fees at regular The Bike Shop rates for each day, or part thereof, that I keep this equipment or any part of it following the date due for its return.

THE BIKE SHOP HAWAII

Honolulu 596-0588
Aiea 487-3615
Kailua 261-1553

Signature: _____ Date: _____

Checked-in by: _____ Date: _____