

1.- PRINT this document using "CTRL+P" or go up to the menu and select "FILE", then "PRINT".

2.- FILL OUT the form then fax/mail to the fax #/address below.



Sales- 800-438-6040  
Phone- 704-889-4508  
Fax- 704-889-4540  
E-mail- sales@scmsinc.com

S.C.M.S. Inc.  
10201 Rodney Blvd.  
Pineville, NC 28134  
Website- www.scmsinc.com

## RENTAL AGREEMENT

DATE:	ORDER:
BILL TO:	SHIP TO:
PHONE:	FAX:
RENTAL CHARGE:	RENTAL PERIOD: (circle one)      Weekly      Biweekly      Monthly

EQUIPMENT: (check off equipment needed)

<input type="checkbox"/> ANRITSU MS2721A PORTABLE SPECTRUM ANALYZER	<input type="checkbox"/> INOVONICS 530 FM MOD ANALYZER
<input type="checkbox"/> ARMSTRONG FMX30 30W EXCITER	<input type="checkbox"/> KENWOOD CS1045 DUAL TRACE SCOPE
<input type="checkbox"/> ARMSTRONG COMPOSITE STL FREQ AGILE	<input type="checkbox"/> NSA-1000 w/ AM DET, & 10 KHZ OPTION
<input type="checkbox"/> ARMSTRONG FM500SC AMPLIFIER	<input type="checkbox"/> ORBAN 8100A/1 FM PROCESSOR
<input type="checkbox"/> AVCOM NETWORK/SPECTRUM ANALYZER	<input type="checkbox"/> ORBAN 8400 FM PROCESSOR
<input type="checkbox"/> BIRD/COAXIAL 3" WATTMATTER	<input type="checkbox"/> ORBAN 9200 AM PROCESSOR
<input type="checkbox"/> COMREX DH-22 DIGITAL HYBRID	<input type="checkbox"/> 360 SYSTEMS SHORTCUT
<input type="checkbox"/> COMREX BLUE BOX (1 unit)	<input type="checkbox"/> POTOMAC FIM-41
<input type="checkbox"/> COMREX BLUE BOX (2 units)	<input type="checkbox"/> POTOMAC FIM-71
<input type="checkbox"/> COMREX MATRIX (1 unit)	<input type="checkbox"/> POTOMAC AM-19D ANT MON (up to 6 towers)
<input type="checkbox"/> COMREX MATRIX (2 units)	<input type="checkbox"/> POTOMAC SD-31/RX-31
<input type="checkbox"/> COMREX NEXUS (1 unit)	<input type="checkbox"/> POTOMAC AT-51 TEST SET
<input type="checkbox"/> COMREX NEXUS (2 units)	<input type="checkbox"/> POTOMAC QA-100 ANALYZER
<input type="checkbox"/> COMREX VECTOR (1 unit)	<input type="checkbox"/> TELOS ZEPHYR (1 unit)
<input type="checkbox"/> COMREX VECTOR (2 units)	<input type="checkbox"/> TELOS ZEPHYR (2 units)
<input type="checkbox"/> DELTA SPLATTER MONITOR w/ANTENNA	<input type="checkbox"/> TIELINE COMMANDER (1 unit)
<input type="checkbox"/> DELTA OIB-1	<input type="checkbox"/> TIELINE COMMANDER (2 units)
<input type="checkbox"/> G.P.S. RECEIVER	<input type="checkbox"/> WIRELESS MICS (per system)

SHIP DATE:

RETURN DUE DATE:

Above equipment **will ship 2nd day OR overnight**. Customer is to pay for shipping charges in/out. Return shipping and insurance to be arranged by customer. Equipment is checked and tested prior to shipping. All manuals, cords, cables and equipment are checked before shipping. The customer is responsible for the return of same and for the full cost of the replacement if rental is not returned. Lost, stolen or otherwise damaged items will be billed to credit cards. **READ ALL INFORMATION IN THIS AGREEMENT CAREFULLY AND CHECK FOR ACCURACY**. SCMS is not responsible, under any circumstances, for any loss of income or other liability as a result of problems associated with this rental agreement.

CREDIT CARD #:

PAYMENT AUTHORIZATION:

CHOOSE TYPE:

NAME ON CARD:

(circle one)      Visa      Mastercard      American Express

VERIFICATION CODE:

EXPIRY:

(Last 3 digits of number on back of card)

CREDIT CARD BILLING ADDRESS:

(If different from above)

Include zip code

DATE:

NAME:

SIGNATURE:

(Please print)

This section for S.C.M.S..

CC Approval

Rental Amt

Deposit

D/R

Additional Rental

Date

EQSN

Return Date

Condition

Charged repairs/parts

Date