Big Bale Processor Rental Agreement

#_____

DEPOSIT REQUIRED: 50% of estimated rental to be applied to the cost of using big bale processor. Deposit refunded in the case of non-use.

RENTAL RATE: $100.00 per day in county. $150 per day for out of county and watershed structures. A maximum of 5 days rental at one time. If not brought back the 6th day a $250 per day charge will be added to the equipment rental.

PAYMENT POLICY: Rental fees will be paid in full within 30 days of billing date. There will be a 1.5% interest charge on balances not paid within the 30 days. If not paid within 90 days there will be no further rental of any equipment and you will not be able to participate in any cost-share programs until the balance is paid in full.

GENERAL CONDITIONS:

1. Equipment will come back serviced (greased) and cleaned or a $25.00 fee will be included in rental price.
2. The renter will pay for any breakage other than normal wear and tear.
3. The Linn County SWCD office must be notified before the big bale processor is released from one renter to another by calling 660-258-5732 Ext. 3.
4. The renter will remove all twine and netwrap prior to use.
5. The renter understands that they are liable for the Big Bale Processor once it is attached to their vehicle.

I (renter) will not hold the Linn County Soil and Water Conservation District, Natural Resources Conservation Service, their supervisors or employees responsible in any way for damages or losses that might, in any way, result from the use of the big bale processor. Furthermore, I specifically agree to accept all liability with respect to the big bale processor while in use. I will pay the charges listed above, and I understand and agree to the conditions of this agreement. I also acknowledge the equipment has been examined prior to rental and is in good condition.

_____ _____ _____

Signature of Renter Phone Date

_____

Address City State Zip Code

$_____ _____ _____

Deposit Date Received Received by

_____x $100.00 = $_____ +_____-_____=_____

Days Rental Fee Service Fee Deposit Balance Due

Dep Check# _____

Check#_____

Receipt #_____

_____

Date Paid

Service Fee Description_____