Brillion Seeder Rental Agreement

#_____

DEPOSIT REQUIRED: 50% of estimated acres to be applied to the cost of using seeder. Deposit refunded in the case of non-use.

RENTAL RATE: $5.00 per acre. 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. No fertilizer or chemicals will be used in the seeder.
4. The Linn County SWCD office must be notified before the seeder is released from one renter to another by calling 660-258-5732 Ext. 3.
5. Do NOT back up with the seeder down. This will result in damaged brushes that the renter will be responsible to replace.
6. The renter understands that they are liable for the Brillion Seeder 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 seeder. Furthermore, I specifically agree to accept all liability with respect to the seeder 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 $5.00 = $_____ + _____ - _____ = _____
Actual acres Rental Fee Service Fee Deposit Balance Due

Dep Check# _____ After _____
Check#_____ _____ Before Date Paid
Receipt #_____ Acres

Service Fee Description_____