



Mobridge Area Chamber of Commerce Rental Form

MOBRIDGE
BRIDGE CITY

212 N Main St Mobridge, SD 57601
Phone: 605-845-2387 Fax: 605-845-3223
www.mobridge.org / info@mobridge.org

Renter: _____

Address: _____

City & State: _____

Phone: _____

Checked out by: _____

Date/Time Rented Out: _____ am pm

Date/Time Due In: _____ am pm

Items rented:

Date/Time Returned: _____ am pm

Checked in By: _____

Items Returned:

Amount of Deposit: _____

Deposit Method: Visa MC Cash Check Other: _____

I acknowledge receipt in good order of the item(s) rented and that I have read and agree to all terms of this rental contract. Your signature below constitutes your agreement to all of the terms and conditions of this contract.

Renter Signature: _____