

All sections of this form must be completed before despatch of equipment to the hirer. Please ensure that the sections marked * are completed before returning this form to Cirrus Research plc

Contact Name

Company Name

Invoice Address

Email Address

Rental Cost (£)

Order Number

Sound Level Meter & Serial Number

Contact Telephone Number

Contact Fax Number

Delivery Address (if different)

Start Date of Rental

End Date of Rental

Value for insurance (£)

Acoustic Calibrator Type & Serial Number

Please ensure that you have read and understood the following information.

Insurance of Equipment

The Hirer as shown above assumes all risks for loss of or damage to the equipment however sustained. The hirer undertakes to insure the equipment at his own expense for the full replacement value of the equipment. Damaged microphone capsules will be charged at the current Cirrus Research plc list price to the hirer.

To accept the terms and conditions above and as given in the current Cirrus Research plc Rental Policy, please sign and date below. Fax back to 01723 891742.

Signature

Date