1918 Neva Road, PO Box 267 Antigo, WI 54409 800.686.6886 or 715.623.7454 fax: 715.627.7504



dan@pomasl.com kevin@pomasl.com www.pomasl.com

## **AGREEMENT**

\_\_\_\_\_, Wisconsin (hereinafter "\_\_\_\_") acknowledges receipt of the

following described vehicle:

Year: \_\_\_\_ Make \_\_\_\_ Model: \_\_\_\_ VIN # \_\_\_\_\_ bearing license plate # \_\_\_\_\_ of the State of Wisconsin. The unit's current mileage is \_\_\_\_\_. In consideration of Pomasl Fire Equipment, Inc. (hereinafter "Pomasl") renting this vehicle to \_\_\_\_\_, \_\_\_\_ promises and agrees:

- 1. To return vehicle upon \_\_\_\_\_\_, free of any liens or encumbrances not now against it.
- 2. To reimburse Pomasl for any loss or damage, which Pomasl may sustain as a result of renting this vehicle to \_\_\_\_\_. "Loss" as used herein includes, but not necessarily limited to, any legal liability or other detrimental obligation incurred by Pomasl.
- 4. To release Pomasl from any claims \_\_\_\_\_ might have against Pomasl for alleged defects in or in any manner growing out of any use of the vehicle.
- 5. To report to Pomasl within 4 hours by phone at 1-715-610-4210 any accident involving the vehicle and to furnish Pomasl with a complete traffic report thereof in writing.
- 6. Not to allow or cause the vehicle to be loaned or rented or operated by any person other than an authorized employee or agent of \_\_\_\_\_, and not to operate or transport the vehicle beyond a normal business service area.

Prompt, Courteous Service since 1939







- A. It is understood that the vehicle has not been certified as an Emergency Medical Vehicle by the certification procedures of the Emergency Medical Services. If certification of the vehicle is required by law, \_\_\_\_\_ will be obligated to effect compliance with State Law.
- B. It is understood that the retail value of this vehicle is \$\_\_\_\_\_00. This value shall be paid to Pomasl within a reasonable time after an accident that results in the vehicle being a total loss.
- C. It is understood that \_\_\_\_\_ shall furnish to Pomasl an insurance policy that insures the vehicle as well as Public Liability, Property Damage, and comprehensive and all medical losses. This shall be the primary coverage and the amounts of coverage need to be acceptable to Pomasl.
- D. It is understood that the rental fee for this vehicle shall be \$ 0.00 per day, and that the full amount due is payable upon return of the vehicle.
- E. It is understood that mileage over 6,000 miles will be billed at \$ 0.25 per mile and that the full amount due is payable upon return of the vehicle.
- F. It is understood that the vehicle will be delivered full of diesel/gas and will be returned full of diesel/gas and that the full amount due is payable upon return of the vehicle.
- G. It is understood that a delivery and pick-up charge will be charged to \_\_\_\_\_ on mileage to/from the customer location and that the full amount due is payable upon return of the vehicle, unless special arrangements are made.
- H. It is understood that the vehicle will be cleaned prior to leaving Pomasl Fire Equipment and will return to Pomasl Fire Equipment in same clean condition. A cleaning charge of \$ 125.00 per hour will be charged if Pomasl Fire Equipment must clean the vehicle upon its return.

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I hereby state that I have read, understand, and will comply with the above listed terms.

Authorized Representative for \_\_\_\_\_

Date

{Name} {Address} {City}, {State} {Zip}

In consideration of \_\_\_\_\_ promises and agreements, Pomasl rents this vehicle according to the above listed terms.

Authorized Representative for Pomasl Fire Equipment, Inc.

Pomasl Fire Equipment 1918 Neva Road Antigo, WI 54409 Date

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