

MEMORYSNAPS

CHICAGO

RENTAL CONTRACT

For One (1) Model 17 Black & White Photobooth

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Alternate Number: _____

Email: _____

Event Date: _____

Event Time: _____

Event Contact: _____

Event Location: _____

Address: _____

City, State, Zip: _____

Package Option Purchased: _____

Package Cost: _____

Important Note:

A non-refundable deposit of 50% is required to reserve the photobooth for the date specified above. The final payment is due one week before the event. If this meets with your approval and you wish to finalize the rental, please sign below and forward your payment to our office. Please mail or fax this agreement to 773-304-2520.

Signature Date