

IGL Equipment Rental Form

Student Name _____

Tel _____ email _____

Equipment Requested _____

Pickup Date _____ Return Date _____

Credit Card information

Name of Card Holder _____

Credit Card Type Mastercard Visa Discover Amex Other

Credit Card Number _____ Exp Date __/__/__

I Authorize the IGL to bill my Credit Card for the cost of replacing the equipment if it is lost or damaged.

Student/Card Holders Signature _____