

BOX/KIT RENTAL FORM

Hiring Company:	
Job Name:	Job# or PO#:
Employee Name:	Last 4 Digits of SSN:
Loanout Company:	Federal ID #:
Rental Rate: \$	per 🗌 day 🔲 week
	End Date:
	vee timecard each week, or each time a timecard is submitted.
Inventory (check one): Below Attached	
Inventory (Attach additional pages if necessar	y.)
EMPLOYEE/LOANOUT AGREEMENT AND DECLARATION	
Loanout is solely responsible for any damage to or loss of such to administration of payroll on behalf of the Production Comp The TEAM Companies, Inc. (TTC), or affiliates, successors, or ass resolve any such claims. Neither TEAM nor TTC shall have any old	nted to the Production Company for use under Employee/Loanout's direction and control. Employee/equipment. Employee/Loanout also understands that TEAM's role as employer of record is limited bany. Accordingly, Employee/Loanout hereby waives any and all claims against TEAM, its parent, signs for any loss or damage of any kind and agrees to look solely to the Production Company to bligation to indemnify Employee/Loanout against any loss or damage, or to provide any insurance ipment herein described. Further, the Production Company and Employee/Loanout certify that the
I attest that the above description represents a valid rental for the that I have read, understand, and agree to the terms and condit	nis production, and that the above information is true and correct to the best of my knowledge and ions above.
Employee Signature:	Date:
Approval Signature:	Date:
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Approval Email: