



***Table and Chair Rental Agreement Form***

Rented From:

**Intercontinental Management Corp.**

**990 Hammond Drive NE**

**Suite 640**

**Atlanta, GA 30328**

Rented To: \_\_\_\_\_ Building/Suite #: \_\_\_\_\_

Phone: \_\_\_\_\_ Person coordinating pick-up \_\_\_\_\_

# of Tables to be provided: \_\_\_\_\_ (10 available)

# of Chairs to be provided: \_\_\_\_\_ (40 available)

**CONDITIONS OF RENTAL – PLEASE READ AND INITIAL:**

\_\_\_ I understand if item(s) are lost or returned broken, I will be charged for the replacement value of each broken or lost item(s) **(\$30.00 per table & \$20.00 per chair).**

\_\_\_ I understand, as the signer, I am the person responsible for the condition and the prompt return of item(s) rented.

\_\_\_ I understand that item(s) are not to be left outside or left unsecured overnight.

Tables: **\$12.50 per table/per day**: \$ \_\_\_\_\_ Chairs: **\$5.00 per chair/per day**: \$ \_\_\_\_\_

Date/Time Needed: \_\_\_\_\_ Date/Time Returned: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Individual's Signature \_\_\_\_\_

*If you have any questions please call the management office at 678-334-2400*