
Please use **THIS FORM** to complete the order, **OR** order online here: [Order Online Link: Professional Rentals](#)

A. Billing Information ***Required.**

First Name: _____
 Last Name: _____
 Billing address: _____
 City: _____ State: _____ Zip Code: _____
 Phone number: _____
 Email address: _____ (Payment request will be sent here via Square).

B. Rental Equipment ***Required. ENTER QUANTITY**

Tables:

- # ___ Exam Table
- # ___ Budget Massage Table
- # ___ Midsize Aluminum Table
- # ___ Premium Flat Aluminum Table
- # ___ Premium Flat Wood Table
- # ___ Premium Incline Table

Accessories:

- # ___ Chaise Spa Chair
- # ___ Rolling Stool
- # ___ Hot Towel Cabinet
- # ___ Disposable Face Rest Covers (Box of #50)
- # ___ Disposable Sheets (Box of 50)
- # ___ Fitted Table Covers (Pack of 10)
- # ___ Massage Lotion / Oil (8oz Bottles)

Massage Chairs:

- # ___ Premium Massage Chair
 - # ___ Economy Massage Chair
-

C. Event Dates (Rental Use Days) ***Required**

Equipment arrives 1-2 business days before your event begins.

Courier may be same-day if you request that.

Event Start Date: _____,

If ordering courier, 4-hour delivery window preferred. ___ : ___ AM/PM to ___ : ___ AM/PM

Event End Date: _____

If ordering courier, 4-hour delivery window preferred. ___ : ___ AM/PM to ___ : ___ AM/PM

D. Shipping Info ***Required.**

Please use the **event location company name**, so if it is a hotel, use the hotel name here. You have a total of 36 characters for company name and 36 characters for contact name available on a shipping label.

Ship To Company: _____

Ship To Contact Name: _____

GUEST- Is this above person a guest at a hotel? (NO) _____, (YES) _____

Shipping Address: _____

Shipping City: _____ State: _____ Zip Code: _____

Carrier will call if there are questions/updates Shipping Phone: _____

E. Return Pickup ***Required.**

RETURN PICKUP (Optional, recommended for orders with multiple tables)

(NO) _____

(YES) _____, (Date) _____

PICKUP LOCATION

****BE SURE TO CHECK WITH HOTEL FOR ACCURATE LOCATION, DRIVER WILL NOT HUNT FOR PACKAGES****

Pickup location required if ordering a pickup.

Pickup location (front desk, loading dock, etc.): _____

PICKUP HOURS (requires a 5-hour window between 8 am and 6 pm. Hours required if ordering a pickup.)

Default hours (8 am to 6 pm): _____

Custom: ___ am- ___ pm (must be prior to 4:30 pm)

PICKUP CONTACT NAME AND PHONE NUMBER for the carrier to use when picking up your packages for rental returns. Enter if different than Ship To contact.

Contact Name _____

Pickup Phone _____ Pickup Email _____

F. Return Shipping Insurance?

***Required. (Circle one)**

If you are having your order delivered with a Ground carrier such as UPS or FedEx, do you want

Damage Protection: This shipping Insurance, covers damage over the \$100 insurance included by FedEx and protect s Your Security Deposit from Possible Damage to Rentals During Shipping. This covers the declared value of your rental, so that if the carrier drops it or damages it, you will not be responsible for losses over the \$100 the carrier includes with the price of shipping. Depending on which equipment you select, the cost of insurance is per table. Premium Incline \$9.99, Premium Flat \$8.99, Economy Maxx \$8.99, Economy Aluminum \$9.99, Exam Tables \$7.99. Prices are subject to change (typically a dollar or two), and can fluctuate due to carrier changes.

(NO) _____

(YES) _____

Please PRINT THIS FILE TO PDF, AND email it to orders@massagetablerentals.com. We will enter the order for you. . Once it is entered you will receive an email confirmation of the order. If you do not receive the email confirmation, your order is not entered and you are welcome to follow up and confirm receipt of your order. Please check the order confirmations closely for accuracy. Thank you for choosing MassageTableRentals.com!