

DOWNTOWN CABIN FEVER COFFEE



CHECK OUT EQUIPMENT AGREEMENT

cabinfevercoffee@gmail.com

312 Clinton St.
Defiance, OH 43512

NAME (Contact Person):

Company Name:

Address:

Town, State ZIP

Email address:

Phone Number:

Requested Date:

Event Name:

Picked up/Checked out on:

Returned/Checked in on:

Barista signature:

How many?	Order + Container info	What kind of coffee?	Cost	Container Code #
	2 gallon brewed coffee			
	4 gallon brewed coffee			
	20 12oz cups and 20 lids	20 Sugar + Splenda packets	Included	
			Total	
			Paid	Y or N

We are happy to provide you with the temporary use of our equipment. **Please have the signed out equipment returned back to the correct Cabin Fever location by the above return date, cleaned thoroughly, and in the same working order it was loaned to you.**

The undersigned agrees to be responsible for Cabin Fever's coffee equipment as described above. The obligation remains in effect until the equipment has been returned in good, clean condition, free from damage or disfigurement. If the equipment is lost or should not return by the due date, the undersigned agrees to pay for part of the replacement cost of the loaded equipment which is \$50 for each piece.

Thank you,

Cabin Fever Management

Customer Signature