

Rental Record Sheet

Boonsboro Pharmacy
7628 Old National Pike
Boonsboro, MD 21713

* Customer Name: _____

* Address: _____

* Phone Number(s): _____

Item Rented: _____

Rental Rate: _____

Deposit Amount: _____ Method: _____

Date & Time Taken: _____ Expected Return Date: _____

Customer Signature: _____

Date & Time Returned: _____

Amount of Rental: Rate: _____ Total: _____

Deposit: Refunded: _____ Credited: _____

Customer Signature: _____

Authorized Name: _____

Date Item Cleaned and Returned to Stock: _____

Authorized Signature: _____

* Please Complete these required fields