

Headset Renters Agreement

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

I understand that I am responsible for any and all headsets rented to me by Leading Edge Aviation. I will be charged the full value of the headsets if lost or not returned, or the cost of repairs if damaged. I will be responsible to pay for the headsets at the time they are returned. If any balance remains due on my account at the end of the day, I authorize Leading Edge Aviation to charge my credit card, as indicated below, for the full amount of any remaining balance.

CREDIT CARD TYPE: _____ EXP DATE: _____

CARD NUMBER: Enter into Total FBO under Customer Account Information

CUSTOMER SIGNATURE: _____ DATE: _____

I have inspected the headset(s) rented to me, and they are in full working order.

Customer Signature: _____ Date: _____

Headsets Rented: #1____ #2____ #3____ #4____ #5____

Time Out: _____

Time In: _____