DEPOSIT RECEIPT

Receipt No: _____

Date: _____

RENTER INFORMATION

Full Name:

Phone:

ID / DL No:

Email:

RENTED CAMERA EQUIPMENT

Equipment Description (Brand, Model, Lens, etc.)	Serial Number	Est. Value	Deposit Amt

PAYMENT METHOD

[ ] Cash [ ] Credit Card [ ] Check [ ] Bank Transfer

Ref / Transaction No:

Total Equipment Value:

Total Deposit Paid:

Security Deposit Policy:

The security deposit listed above is held to guarantee the safe return of the rented camera equipment in its original condition. Upon return, the equipment will be inspected. If the equipment is returned undamaged, clean, and on time, the security deposit will be fully refunded. In the event of loss, theft, damage, or late return, the cost of repair, replacement, or late fees will be deducted from this deposit.

_____

Authorized Representative Signature

Date: _____

_____

Renter Signature

Date: _____