

# DIGITAL SIGN RENTAL AGREEMENT

## MESSAGE TO BE DISPLAYED

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NUMBER OF DAYS REQUESTED: \_\_\_\_\_

START DATE: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

SIGNATURE OF RESPONSIBLE PERSON: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_