

# Brazoria County Septic Service

P.O. Box 727  
Clute, TX 77531  
www.bcsstx.com

Ph# 979-848-2229  
Fax# 979-848-2226  
office@bcsstx.com

## Rental Service Agreement

This service agreement is being made by and between Sentry Systems Inc., dba Brazoria County Septic Service (hereafter BCSS) and:

Customer Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
AP Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Alt Email: \_\_\_\_\_

**The BCSS billing cycle is every 28 days. The Customer is responsible to call for unit pickup when the job is finished. Billing will end upon return of rented unit to BCSS offices. Any changes to orders including delivery, pickup, and move unit requests must be discussed with the BCSS office only, and not ordered through the route driver.** The customer is also responsible for providing updated PO # and Job # as necessary for billing purposes. This agreement will apply to and include all items leased or rented and or services provided by BCSS.

**Rentals/Payment:** BCSS invoices are due on receipt, unless credit terms have been agreed upon and established. The undersigned shall pay the BCSS rental amount plus applicable taxes within the agreed upon terms in this agreement. Late payment may be subject to fees. If payments are continuously late BCSS may raise the rental/service price without notice on all current and future equipment rentals or services. BCSS will make every attempt to work with the customer to avoid additional fees.

I have read and agree to the above. Customer/ Representative Initials: \_\_\_\_\_

**Responsibility for equipment:** The undersigned shall be responsible for all damages to equipment and/or theft of property/equipment from the time of delivery to job site until pickup by BCSS. If the equipment is returned damaged the customer shall pay BCSS the reasonable cost of repair or replacement of the unit. The replacement cost for a standard portable toilet unit and hand wash station is \$800, and \$2000 for disability accessible unit.

I have read and agree to the above. Customer/ Representative Initials: \_\_\_\_\_

**Service:** BCSS shall service the portable toilet as indicated and agreed upon on our service price schedule. **Customer shall provide 24-hour access to the unit. BCSS is not responsible for non-service of unit due to locked gates, inclement weather, poor ground conditions, blocked equipment or any other unforeseen circumstances.** Invoices will not be changed due to non-service of units.

I have read and agree to the above. Customer/ Representative Initials: \_\_\_\_\_

**Customer Agrees to Indemnify BCSS:** BCSS has no control over the use of rented items by customer. The customer agrees to indemnify and hold BCSS harmless from any claims, unless such claims or actions are founded in whole or in part upon any negligent act or omission of BCSS, of any person, party, parties for loss, injury damage to person or property arising out of the customer's possession, use, maintenance or return of rented items, including legal costs incurred in defense of such claims. This indemnity provision also applies to any claims asserted BCSS based upon strict or product liability causes of action. This agreement is not assignable and shall not be modified except by written modification. This agreement shall be binding upon signing and inure to the benefit of the parties, their successors, assigns and personal representatives.

The undersigned agrees to all the above terms and conditions and is authorized to sign on the company/individual's behalf.

Customer Name: \_\_\_\_\_

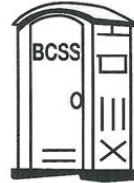
Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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## Damage Insurance

(Optional Service)

This is an offer of damage insurance, insuring the renter against loss due to theft or major damage to rental unit. Insurance is charged to all customer rentals, unless otherwise instructed by customer. The cost per unit, per day, is \$1.50 or \$42 per 28-day billing cycle. Please complete this form and return it immediately.

**Yes:** we do want the insurance: \_\_\_\_\_

**No:** we do not want the insurance: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

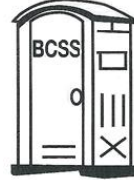
\_\_\_\_\_  
Zip Code

**Note:** *If we do not have this signed insurance form on file, or the customer does not pay the fees associated with the insurance, then the customer will assume responsibility for the rental unit while on the ordered job site. If the unit is stolen or damaged while on site an invoice will be sent to for the damages, not to exceed the replacement value of \$700 for standard units and hand wash stations, \$1900 for disability accessible units (trailer units have greater replacement value). Damage insurance may be discontinued, at the discretion of BCSS, related to delinquent account payment.*

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## Credit Application

*This form is Optional: This form is for commercial customer application for credit payment terms (i.e. Net 30 terms) and is not a requirement for completion of customer account forms.*

**Application Date:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**President / Owner: Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**A.P. Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Fax #:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**P.O. Required:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Credit Terms Requested:** \_\_\_\_\_

**References:** *If you have a company credit reference form you may use it instead.*

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Contact: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Contact: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Contact: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Contact: \_\_\_\_\_  
Email: \_\_\_\_\_

### Bank References:

Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Acct #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

*Application for credit terms is not a guarantee of acceptance of terms requested. Credit term requests will be considered on an individual basis and may be reconsidered and revised at any time by a BCSS supervisor.*