



FURNITURE RENTAL APPLICATION FORM

23581 Madero Dr. Ste. # 101 ♦ Mission Viejo, CA 92691 ♦ Tel. (949) 595-0480 ♦ Fax (949) 595-0484
Email: admin@ocif.org ♦ http://www.ocif.org ♦ Tax ID # 33-0696220

Please complete the following form at the time of booking.

Furniture Rental Return Policy:

***Rentals are allowed based on availability at time of request**

Please select a time slot to borrow and return by 5pm:

☐ 1 Day ☐ ___ Days ☐ 7 Days ☐ Other _____

Borrow Date: _____

Return Deadline: _____

Name of the Applicant: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

Today's Date: _____

Hours: from _____ a.m./p.m. to: _____ a.m./p.m.

Please briefly describe the purpose of rental: _____

Is this for a private function: YES/NO (includes banquets, walimas, showers, receptions, celebrations, fatihas, etc.)

Rates are based on onetime fee for the duration of your promised borrow and return dates written on this form.

CHECK one or more of the boxes below for any FURNITURE you will RENT:

☐ Table _____ X \$5.00ea ☐ Chair _____ X 1.00ea ☐ Coffee Urns (100-cup capacity) _____ X \$5.00 ea
☐ Other (describe) _____

RENTAL OFFICE HOURS:

Mon- Friday 9 a.m-4 p.m.

FEES: Fees & Deposit must be made prior to borrowing items.

FURNITURE RENTAL POLICY

You must have an OCIF office staff be witness when borrowing items and returning the items by closing hours.

LATE RETURN POLICY:

Rentals returned late will be charged fees as listed below as daily rental rate for each day late. Please read below for rates for each item. **If you are more than 3 days late, your deposit will be applied to cover cost of missing items.**

REFUNDABLE SECURITY DEPOSIT: \$ 150 in order to rent any furniture, in the event of damage to replace furniture or late returns over 1 week late. Please allow 2 weeks for refund to be processed and mailed.

NO COMMERCIAL USE

REFUNDABLE SECURITY DEPOSIT FEES

Fee will be refunded ONLY if property has not been damaged and been turned in on time.	\$ 150.00
TOTAL RENTAL & SECURITY DEPOSIT FEES	\$

I, the undersigned, have carefully read this contract; understand the terms of the agreement; have received, read, and understand my deposit will be applied if I do not return rental items on time and ensure that there is Custodian as witness to account for items rented and agree to fully comply with OCIF, the Board of Directors, and the Functions Committee.

FOR OFFICE USE ONLY

Name of Applicant _____ Date of Function _____

Total RENTAL Amount Paid \$ _____ Total SECURITY Amount PAID \$ _____

Payment Made By: ☐ Cash only RENTAL Receipt # _____ SECURITY CHECK# _____
RENT Collected \$ _____ SECURITY Check # _____
Form of Payment used: ☐ Check Number (for deposits only) _____
☐ Credit Card Option- ☐ Visa ☐ MasterCard ☐ Discover Card

RENT FEE totals _____

PRINT Name of Receiving Staff Member

Receiving Staff Member Signature