



Seaside Rental Needs, Inc.  
 P.O. Box 1061  
 Truro, MA 02666  
 Tel: (508) 349-7100  
 Fax: (508) 349-7120  
 info@SeasideRentalNeeds.com  
 www.SeasideRentalNeeds.com

**Linen & Towel Sets**

	<u>Qty</u>	<u>Weekly</u>	<u>Subtotal</u>
Twin set (1 fitted, 1 flat, 1 pillow case, 1 towel set)	___	\$20.00	_____
Full Set (1 fitted, 1 flat, 2 pillowcases, 2 towel sets)	___	\$30.00	_____
Queen Set (1 fitted, 1 flat, 2 pillowcases, 2 towel sets)	___	\$30.00	_____
King Set (1 fitted, 1 flat, 2 king pillowcases, 2 towel sets)	___	\$35.00	_____
Crib Sheet Set (1 fitted & bumper)	___	\$13.00	_____

**\*\*Each towel "set" consists of 1 bath towel, 1 hand towel, 1 wash cloth \*\***

**Baby Equipment**

	<u>Qty</u>	<u>Weekly</u>	<u>Subtotal</u>
Standard crib (delivery & set up included)	___	\$55.00	_____
Pack & Play	___	\$25.00	_____
Highchairs	___	\$25.00	_____
Baby gates	___	\$12.00	_____
Bed rails	___	\$12.00	_____

**Miscellaneous Items**

	<u>Qty</u>	<u>Weekly</u>	<u>Subtotal</u>
Beach chairs	___	\$12.00	_____
Beach towels	___	\$7.00	_____
Extra towel set	___	\$7.00	_____
2 Kitchen Towels	___	\$7.00	_____

**Subtotal for 1 week** \$ \_\_\_\_\_

**Additional weeks** \$ \_\_\_\_\_

**Subtotal** \$ \_\_\_\_\_

**Non-procrastinators discount**  
 (10% off if ordered by May 20<sup>th</sup>) \$ \_\_\_\_\_

**Sales Tax 6.25% (Total x .0625)** \$ \_\_\_\_\_

**Delivery/Pick up** (if already arranged) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**\*\*By submitting this form, I have read, and agree to all the policies & procedures of Seaside Rental Needs\*\***

**\*\*Availability is guaranteed *ONLY* if the order is placed 2 weeks prior to your arrival date\*\***

**\*\*Any shortages or packing errors must be reported within 24 hours of pick up/delivery\*\***

**All items rented meet government standards. Seaside Rental Needs Inc. assumes no responsibility and/or liability for any injury and/or accidents due to the use or misuse of any rental item.**



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

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Dates Needed:**

Rental Town: \_\_\_\_\_

Rental Agency: \_\_\_\_\_

Rental Agency Phone: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address for card: \_\_\_\_\_

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

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

**\*\*By filling out this form and submitting it, I have read and agree to the policies and procedures of Seaside Rental Needs Inc. If they are violated, I may incur additional charges on my card. \*\***

**FOR OFFICE USE ONLY**

Rental Amount \$ \_\_\_\_\_

Authorization # \_\_\_\_\_

Letter Sent: \_\_\_\_\_

Delivery: House \_\_\_\_\_ Bin \_\_\_\_\_ Agency \_\_\_\_\_

Crib Location: \_\_\_\_\_