N1751 County Road M LA CROSSE, WI 54601 (608) 788-1775

	28558 US HWY 14				
	LONE ROCK, WI	53556			
	(608) 647-8804				

]	18932 State Hwy 71 E
	NORWALK, WI 54648
	(608) 823-7434

 4710 County Road 7 SE
EYOTA, MN 55934
(507) 545-2000

RENTAL CONTRACT

ST. JOSEPH EQUIPMENT INC

EQUIPMENT	RENTAL (CONTRACT	RT#	
Customer: Sauk County F	Parks+Recreation			INVOICE #
Address: S7995 White M	ound Drive			ACCT#
city: Hillpoint		State; WI	_{Zip:} 53937	SALES REP: Kevin McCoy
Phone: 608-355-4800		Cell:		FED ID / SS #
Date: 10/26/2021	Email:			P.O.#

Phone: 608-355-4800 Cell:			FED ID /	FED ID / SS #					
Date: 10/26	Pate: 10/26/2021 Email:			P,O. #	P.O. #				
	•		DESC	RIPTION	OF EQUIPM	ENT			
TAG	YR	MFR	MODEL	SERI	AL NUMBER	Ď	ESCRIPTION		PRICE
017968	2021	Case IH	125	HACMX12	25CMDH01687	7	ractor		\$ 136,278.00
								1	
								1	
OTHER INSTRU	L CTIONS:	L			,	1	TOTAL CASH	PRICE	\$ 136,278.00
Tractor rental for Batwing mowing. Customer is resposible for the following: Physical damage insurance, Damages including excessive tire wear. Tracto will be delivered clean. Full of fuel						* * * * * * * * * * * * * * * * * * * *	Ψ (100,270.00		
					SALES TAX				
and def fluid. To avoid extra charges return the same. No delivery charge.				TOTAL PRICE		\$ 136,278.00			
ON RENTAL PURCHSES: 50 % of paid rentals will apply towards the selling price-less a carrying charge equal to 0 % per month of the unpaid selling price. RENTAL RATE: \$18.00 /HR //Day /Week //25 Days RENTAL PERIOD:									
The LESSEE agrees th	nat the rates or	rovided for in this co	fer extended coverage shall name S intract are considered straight time dionger than the above specified h	e rates based on not mo	ore than eight (8) hours per day, fo	rty (40) hours per week		nty-six (176) ho	urs in any one thirty (30)
DATE IN		<u></u>	HOURS IN _		FUELIN		RT CHARGE		
1	0/26/20	0/26/2021 HOURS OUT	1	35	FUEL OUT full	LOSS DAN	AGE WAIVER		
DATE OUT 10			HOURS OUT	FUEL OUT TUIL	FUEL OUT	CLEAN UF	CHARGE		
JOB SITE S	is site Sauk County DLI I LOID FOLL		DAMAGE		+				
						SALES TA		\$ 0.00	
						TOTAL CH			
PRINT LESSEE NAME DRIVER'S LICENSE #									
ACCEPTED BY LESSEE SIGNATURE DATE:									