A picture containing object, clock

Description automatically generatedSign #\_\_\_\_\_\_\_

PHONE: 519-418-1102 wwww.spectrumgraphicslistowel.com spectrum@wightman.ca

MOBILE SIGN RENTAL REQUEST FORM

USE THIS TABLE FOR LETTER ONLY SIGNS

Artwork for Full Graphic Sign to be emailed to [spectrum@wightman.ca](mailto:spectrum@wightman.ca) for approval

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Our signs are 4’ x 8’ with 16” header.

Our signs can be used with lettering only, lettering with graphic cut outs or Full Graphic

*Rental Agreement*

\_\_\_ New Order \_\_\_ Renewal \_\_\_ Message Change

Sign Permit Obtained by Spectrum Graphics Yes\_\_\_\_ No\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rental Period: From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Terms: I, the renter of the mobile sign is responsible for the care of the sign while in possession on the property it was requested on and could be charged for damages in part or whole. I agree that a sign permit may be required by its municipality and shall be obtained by either party before installation. I agree that the cost of the permit and any penalties for not obtaining a permit will be paid by the renter. I agree that I have obtained written permission from the property owner/landlord to have this mobile sign located on this property. Payment is due upon acceptance of this agreement.

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

Payment: Cash: \_\_\_\_\_\_ Debit: \_\_\_\_\_\_ Credit Card: \_\_\_\_\_ E-Transfer: \_\_\_\_\_