



ONONDAGA SCHOOL  
OF THERAPEUTIC MASSAGE

Rochester Campus  
302 N. Good man St., Suite 200  
Rochester, NY 14607  
Ph. 585-241-0070  
(The Rochester Campus is a branch  
Campus of the Syracuse School.)

Syracuse Campus  
719 East Genesee Street  
Syracuse, NY 13210  
Ph. 585-424-1159

I \_\_\_\_\_ have entered into the following rental agreement with the Onondaga School of Therapeutic Massage.

Item to be rented:

Date of Rental period: \_\_\_ / \_\_\_ / \_\_\_ thru \_\_\_ / \_\_\_ / \_\_\_.

Rental Price is: \$25 per day. **Total amount \$**\_\_\_\_\_

Further, I agree to pay \$25 for each additional day beyond \_\_\_/\_\_\_/\_\_\_\_\_. I understand that the item must be returned in the same condition as given on the day of rental. I also give the Onondaga School of Therapeutic Massage permission to process my credit card for any late fee, damages, or loss of property that may result as a result of this agreement. Replacement price of the \_\_\_\_\_ is \$\_\_\_\_\_.

I hereby agree to the above agreement:

\_\_\_\_\_  
Borrower License Number \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Address of Borrower Phone Number \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_  
Date

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Office Use Only

Credit Card Type: VISA or MASTERCARD  
Name on Credit Card: \_\_\_\_\_ CC# \_\_\_\_\_ EXP Date \_\_\_/\_\_\_/\_\_\_

OSTM Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_