



CUSTOMERS NAME: _____ PARTNERS FIRST NAME: _____

DRIVERS LICENSE: _____ STATE: _____ EXP DATE: _____ DOB: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: (____) _____ CELL #: (____) _____ FAX #: (____) _____

EMPLOYER/COMPANY: _____ POSITION: _____ WORK #: (____) _____

INSURANCE AGENTS NAME: _____ INSURANCE COMPANY: _____

Confirm coverage is available with agent I will fax the VIN# of your unit to them just prior to your departure. (FAX # IS REQUIRED)

POLICY #: _____ PHONE #: (____) _____ FAX #: (____) _____
(REQUIRED)

ARE YOU INTERESTED IN ADDITIONAL INSURANCE OR COLLISION DAMAGE WAIVER? YES NO

DEPARTURE DAY & DATE: (mon-fri only) _____ TIME: (9-4only) _____

RETURN DAY & DATE: _____ TIME: _____

DESTINATION OF TRIP: _____ EST RT MILEAGE: _____ FREE MILEAGE INCLUDED: _____

GROUP # REQUESTED: _____ YEAR & LENGTH: _____ PRICE QUOTED: _____

NUMBER OF PEOPLE TRAVELING: _____ PETS: ____ (\$25 fee) ADDITIONAL MILEAGE CHARGE _____

ADDITIONAL OPTIONS/SERVICES REQUESTED: _____

NAME OF RELATIVE NOT TRAVELING: _____ PHONE #: (____) _____

HOW DID YOU HEAR ABOUT US? _____ RENTED BEFORE? _____ FROM HERE? _____

LIST ANY ADDITIONAL DRIVERS <u>EXCEPT</u> SPOUSE: (Must provide insurance binder & be present at departure)
NAME: _____ DAY PHONE #: (____) _____ AUTO POLICY #: _____
INSURANCE AGENTS NAME & FAX #: _____ (REQUIRED)

Incomplete applications will not be processed. A \$200 (non-refundable) deposit must accompany application and will apply toward the rental fees. Credit cards are accepted in person only, no over the phone payments. Faxed applications must be followed by mail or confirmed by telephone. Cancelling requires a 30-day notice, less the \$200 (non-refundable) deposit. Holidays require a 60-day notice, less the \$200 (non-refundable) deposit. Less notice than 30 days (60 days for holidays), and you're responsible for the full rental, unless re-rented for same amount of time. Sorry, no refunds on early returns and all units are **non-smoking**.

By signing below, I agree to the terms and conditions of processing this application.

CUSTOMERS SIGNATURE: _____ DATE: _____

EMAIL ADDRESS: _____ OK TO EMAIL? _____

FOR OFFICIAL USE ONLY: UNIT #: _____ FORM OF DEPOSIT: _____ DEPOSIT AMOUNT: _____ DATE: _____