

CAR RENTAL AGREEMENT

Car Rental Company, Inc				Car Rental Agent First Name, Last Name Phone Number, Email Address OPEN DAILY 7am to 7pm				
Street Address, City, State, Zip Code Phone Number, Fax Number Website, Email								
CAR DETAILS				RENTAL AGREEMENT				
VIN		Car Registration #		Invoice #		Reservation #		
				Car rented on		Car will be returned		
Class		Color						
Make/Model				Miles out		Miles in		
RENTER'S DETAILS				Pick up		Drop off		
Company				Total days	USD Rate	Date/Time in		
First Name				10	59.00	590		
Last Name				Extra Miles (0)		0		
Home Address, City, State, Zip				Extra Hours (0)		0		
				Misc Charges		0		
				State/Local Taxes		4.28		
Home Phone	Cell Phone	Local Phone		Sales Tax		8.08		
Local Address, City, State, Zip				Amount Due				
				Damage to Car				
				Total Due				
Insurance Company				Amount Paid				
Policy Number				Balance				
Expiration Date				Deposit: Type				
Passport/ID #				FUEL LEVEL OUT				
				E	¼	½	¾	F
				FUEL LEVEL IN				
In Case of Accident Call 911				E	¼	½	¾	F
MAIN DRIVER DETAILS				Full Name				
Driving License				Exp Date		DOB		
ADDITIONAL DRIVER				Full Name				
Driving License				Exp Date		DOB		