

Rental/Contact Information

Date: _____

RENTER'S INFORMATION

First Name _____

Last Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____

Work Phone: _____ Fax: _____

Initial Quote:

Rental Rate _____ da. @ _____

Delivery Charge _____

Pick Up Charge _____

Sales Tax (7%) _____

Total Charge _____

Additional Charges:

Excess Miles _____

Refueling _____

Miscellaneous _____

Other Phone: _____

RENTAL DATES AND LOCATION

Start Date _____ Time _____ Check if Tentative Time

Do you need the van delivered? _____ Location of Delivery _____

End Date _____ Time _____ Check if Tentative Time

Does the van need to be picked up? _____ Location of Pick-Up _____

FLIGHT INFORMATION

DESTINATION

Arrival

Departure

Airport	Arrival	Departure
Date/Time		
Airline		
Flight #		

Name _____

Address _____

City _____

State _____

Zip _____

Phone Number _____

DRIVER INFORMATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ Alternate Phone _____

Driver's License _____ License Expiration _____

Additional Driver Information (see attached)

AUTO INSURANCE INFORMATION

Company _____ Policy Number _____

Address _____ Policy Expiration Date _____

City _____ State _____ Zip _____ Phone: _____

Agent _____ Agent Phone: _____

SPECIAL REQUIREMENTS

Hand Controls

Transfer Seat

Preferred Van Size: Full Mini

Additional Requirements _____

PAYMENT INFORMATION

Method of Payment _____

Type of Credit Card VISA Master Card Discover American Express Other _____

Card Number _____ Name on Card _____

Expiration Date: _____ Billing Address _____

Signature of Renter: _____

Return to: Wheelchair Getaways / Auto Assist

5002 Lehigh Ave.

College Park, MD 20740

Phone: 800-438-8465 Fax: 301-699-2239

ADDITIONAL DRIVER INFORMATION

Driver

Name _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
Work Phone _____
Driver's License # _____
Driver's License State _____
Date of Birth _____
License Expiration _____

Driver Insurance Information

Insurance Co. _____
Insurance Address _____
Insurance City _____
Insurance State _____
Insurance Zip _____
Insurance Co. Phone _____
Policy # _____
Policy Expiration _____
Agent's Name _____
Agent's Phone _____

Driver

Name _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
Work Phone _____
Driver's License # _____
Driver's License State _____
Date of Birth _____
License Expiration _____

Driver Insurance Information

Insurance Co. _____
Insurance Address _____
Insurance City _____
Insurance State _____
Insurance Zip _____
Insurance Co. Phone _____
Policy # _____
Policy Expiration _____
Agent's Name _____
Agent's Phone _____

Driver

Name _____
Address _____
City _____
State _____ Zip _____
Home Phone _____
Work Phone _____
Driver's License # _____
Driver's License State _____
Date of Birth _____
License Expiration _____

Driver Insurance Information

Insurance Co. _____
Insurance Address _____
Insurance City _____
Insurance State _____
Insurance Zip _____
Insurance Co. Phone _____
Policy # _____
Policy Expiration _____
Agent's Name _____
Agent's Phone _____
