



Wheelchair Getaways of South Florida Rental Information Form

P.O. Box 20126
West Palm Beach, FL 33416
(561) 748-8414
(800) 637-7577
(561) 748-8677 FAX

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work: _____

Fax: _____

| |
|-----------------------------|
| <u>FOR OFFICE USE</u> |
| Deposit Received |
| <u>Special Instructions</u> |

Flight Information

NOTE: Delivery/Pickup not available after 9pm and before 7am

ARRIVAL

DEPARTURE

Airport: _____

Date: _____

Time: _____

Airline: _____

Flight Number: _____

VAN PREFERENCE

check all that apply:

Full Size Mini
Hand Controls

If mini, passenger seat:
In Out

Destination

Name of Hotel or Residence: _____ Phone: _____

Address: _____

City, State, Zip: _____

Driver & Insurance Information (list additional drivers on back)

Driver's Name: _____ Phone: _____

Address: _____

City, State, Zip: _____ Date of Birth: _____

Driver's License # _____ State: _____ Expiration: _____

Insurance Company: _____ Policy # _____

Payment Information (credit card required, but you may pay by check or cash)

Credit Card (check one): VISA MASTERCARD AMEX DISCOVER

Card #: _____ Expiration: _____

Name on credit card _____ check here to charge \$100 deposit to your credit card

*** Rental confirmation subject to availability at the time we receive this completed rental form and \$100.00 deposit ***
*** Deposit is NON REFUNDABLE if reservation is cancelled with less than 14 days notice ***