

RENTAL RESERVATION FORM

TODAYS DATE _____ UNIT # _____	RENTAL DATES FROM _____ TO _____
DELIVERY OR PICKUP?	PICK UP TIME _____ AM/PM DROP OFF TIME _____ AM/PM
LOCATION	

NAME _____	DRIVERS LICENSE # _____
HOME ADDRESS _____	ISSUING STATE _____ EXPIRATION _____
CITY/STATE/ZIP _____	CAR INSURANCE COMPANY _____
LOCAL VACATION ADDRESS _____	AGENT _____
_____	CITY/STATE/ZIP _____
CONTACT PHONE # _____	POLICY # _____

CREDIT CARD TYPE _____	EMERGENCY CONTACT _____
CARD # _____	PHONE NUMBER _____
EXPIRATION _____ CVV _____	RELATIONSHIP TO YOU _____
ZIP CODE _____	

- RESERVATION DEPOSITS ARE DUE AT THE TIME OF BOOKING
- THE RESERVATION DEPOSIT IS NOT A DAMAGE DEPOSIT
- YOUR RESERVATION DEPOSIT IS APPLIED TO YOUR TOTAL RENTAL COST, WITH BALANCE DUE AT THE TIME OF PICKUP
- RESERVATION DEPOSITS ARE REFUNDABLE UNTIL TWO WEEKS (14 days) PRIOR TO RESERVATION DATE
- RESERVATION DEPOSITS CAN BE TRANSFERRED TO AN ALTERNATE DATE IN ATTEMPT TO ACCOMMODATE ANY CHANGES
- A SEPARATE DAMAGE DEPOSIT MAY BE REQUIRED
- NO SMOKING, VAPE PENS OR E-CIGS OF ANY KIND ALLOWED IN VEHICLES, A \$250 CLEANING FEE WILL BE CHARGED TO CARD ON FILE
- NO PETS DOMESTIC OR OTHERWISE ALLOWED IN VEHICLES WITH THE EXCEPTION OF A SERVICE ANIMAL WITH PROPER DOCUMENTATION PROVIDED IN ADVANCE. A CLEANING FEE OF \$250 WILL BE CHARGED TO YOUR CARD ON FILE
- REFUELING OF VEHICLE IS REQUIRED OTHERWISE FUEL CHARGES ALONG WITH \$25 CONVENIENCE FEE WILL BE CHARGED TO CARD ON FILE
- VEHICLES MAY NOT LEAVE THE FLORIDA KEYS PERIMETERS. ALL VEHICLES ARE EQUIPPED WITH AN ANTI THEFT TRACKING DEVICE THAT CAN BE ACTIVATED UPON LEAVING THE FLORIDA KEYS AREAS ONTO THE MAINLAND

PLEASE NOTE THAT BY SIGNING BELOW YOU ARE AGREEING TO OUR TERMS FOR THE RESERVATION DEPOSIT AND/OR ANY DEPOSITS THAT MAY BE REQUIRED. IN ADDITION, BY SIGNING WE ARE AUTHORIZED TO CHARGE FOR ANY DAMAGES OR FEES INCURRED, NOT LIMITED TO THE ONES LISTED ABOVE.

LIST ALL ADDITIONAL DRIVERS BELOW (ALL DRIVERS MUST BE AT LEAST 25 YEARS OF AGE)

1- NAME/ADDRESS _____	CITY/STATE/ZIP _____
DRIVERS LICENSE #/STATE/ EXPIRATION _____	
2- NAME/ADDRESS _____	CITY/STATE/ZIP _____
DRIVERS LICENSE #/STATE/ EXPIRATION _____	

I HAVE REVIEWED AND AGREE THAT ALL OF THE INFORMATION LISTED ABOVE IS CURRENT AND CORRECT.

_____	_____	_____	_____
CUSTOMER SIGNATURE	DATE	REPRESENTATIVE'S SIGNATURE	DATE