



Renter (Print)		Phone		EMAIL:		Year/Make		Vehicle #					
Home Address		City		State		Zip		Model		Tag		License Plate #	
Driver's License #		State		Exp. Date		Date of Birth		VIN #					
Insurance Company		Policy No.		Agent		Phone		Odometer Out _____ In _____ Miles Driven _____ Miles Allowed _____ Excess Miles _____		Fuel Out		E 1/4 1/2 3/4 F	
Employer				Title		How Long?				Fuel In		E 1/4 1/2 3/4 F	
Employer's Address				Phone		Supervisor				Date/Time Due In		AM PM	
Emergency Contact				Address		Phone				Date/Time Due Ext.		AM PM	
										Date/Time Due Out		AM PM	
<b>ABSOLUTELY NO DRIVERS UNDER 21 YEARS OF AGE</b>										Date/Time In		AM PM	
Additional Driver		Dr. Lic. #		State		Exp. Date		Date of Birth		Prepaid Rent		Deposit	
Insurance Company		Policy Number		Agent		Phone				Rates		Charges	
Additional Driver		Dr. Lic. #		State		Exp. Date		Date of Birth					
Insurance Company		Policy Number		Agent		Phone				Miles @ ¢ per mile			
<b>NOTICE:</b> Your rental agreement offers, for an additional charge, an optional waiver to cover all or a part of your responsibility for damage to or loss of the vehicle. Before deciding whether to purchase the waiver, you may wish to determine whether your own automobile insurance or credit card agreement provides coverage for rental vehicle damage or loss and determine the amount of the deductible under your own insurance coverage. The purchase of the waiver is not mandatory. The waiver is not insurance.		<b><u>Collision Damage Waiver (CDW)</u></b>								Hours @ \$			
		____ By initialing here you agree to purchase our CDW. CDW does not cover all instances of damage to the Vehicle. There are exclusions. Subject to the terms of Paragraph 5 & 6 on the reverse, your responsibility for Collision Damage to the Vehicle is limited to \$ ____.								Days @ \$			
		____ By initialing here you decline to purchase our CDW, and you agree to be responsible for all damage to or loss or theft of the Vehicle.								Weeks @ \$			
		<b>Exclusions may apply to the following optional insurance products. Read the brochure(s) carefully.</b>								Total time and mileage			
		<b><u>Personal Accident Insurance (PAI)/Personal Effects Coverage (PEC)</u></b>								CDW ____ @ \$ ____ per day			
		____ By initialing here, you agree to purchase PAI and PEC, a summary of the terms of which appears in a separate brochure that you acknowledge receiving.								____ @ \$ ____ per day			
		____ By initialing here, you decline to purchase PAI and PEC.								Vehicle License Recovery Fee			
		<b><u>Supplemental Liability Insurance (SLI)</u></b>								Subtotal			
		____ By initialing here, you agree to purchase SLI and you acknowledge receiving a separate brochure that summarizes the terms of the SLI policy. SLI does not cover all risks.								Total Tax Amount			
		<b>There may be exclusions for unauthorized or intoxicated drivers, no first party uninsured motorist coverage, no coverage for certain passengers in the Vehicle, and other exclusions. Please read the SLI brochure carefully.</b>								Vehicle License Recovery Fee			
____ By initialing here, <b>you decline to purchase SLI.</b> You agree to be responsible for, and you agree that your personal auto insurance coverage is primary for any damage or injury you cause to others and their property.								Gas Charge					
Check Method of Payment ____AE ____MC ____VISA ____Cash ____Direct Bill ____Other		By signing below, you agree to: the terms and conditions of this Rental Agreement, the Rental Agreement Terms & Conditions on the back side, vehicle inspection report and any signed addenda (the "Agreement"), and acknowledge that you had an opportunity to read the Agreement before signing; and authorize us to: process a separate payment card voucher in your name for all Charges, including Tolls and Violations; release your billing/rental information to third parties for billing/processing and other legitimate purpose; and adjust Charges with your payment card issuer after our final audit.								Subtotal			
The Vehicle may be driven or used only in the State of Texas or ____ mile radius of the renting location, or _____.		X _____ Renter								CDW @ \$ ____ per day			
In event of accident contact 911, please contact our office immediately.		X _____ Additional Driver								SLI @ \$ ____ per day			
										PAI/PEC @ \$ ____ per day			
										____ @ \$ ____ per day			
										Subtotal			
										Total Amount Due			
										Customer Pay _____ Direct Bill 1 _____ Direct Bill 2 _____			
										Minus Deposit			
										Net Due Rental Location			
										Net Due Customer			
<b>ALL CHARGES SUBJECT TO FINAL AUDIT</b>													
Refund received by:													
X													
Remarks:													