



PARTNERSHIP PROPOSAL FORM

1. Service Provider Details

Please complete the following form to provide detailed information about your rental services. Accurate and comprehensive responses will help us understand your offerings and facilitate potential collaborations. If a section is not applicable to your services, please indicate "N/A." Once completed, ensure all information is correct before submission.

Company Name: _____

Company Address: _____

Contact Person: _____

Position/Title: _____

Phone Number: _____

Email Address: _____

Partnership Interest: _____

2. Rental Service Details:

Type of Items/Services Available for Rent:

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Vehicles (e.g., cars, motorcycles)

Others: _____

Rental Rates: _____

Daily Rate: _____

Weekly Rate: _____

Monthly Rate: _____

Additional Fees (if any): _____

Rental Terms and Conditions: _____

Minimum Rental Period: _____

Deposit Requirements: _____

Identification/Documents Needed: _____

Insurance Coverage: _____

Cancellation Policy: _____

3. Availability and Booking:

Operating Hours:

Booking Procedure: _____

Walk-in: _____

Online Reservation: _____

Phone Booking: _____

Advance Booking Required: [] Yes [] No

Lead Time for Booking: _____

4. Payment Information:

Accepted Payment Methods:

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Cash

☐

Credit/Debit Card

☐

Online Payment Platforms (e.g., GCash, PayMaya)

☐

Bank Transfer

Other Methods: _____

Payment Terms:

☐

Full Payment Upon Booking

☐

Partial Payment/Deposit

☐

Payment Upon Pickup/Delivery

5. Additional Services:

Delivery and Pickup Options:

☐

Available

☐

Not Available

Associated Costs: _____

Customer Support:

Contact Information: _____

Support Hours: _____

6. Feedback and Reviews:

Customer Testimonials: _____

Ratings: _____

Review Platforms: _____

7. Authorization:

By signing below, I confirm that the information provided is accurate and up-to-date.

Authorized Signature: _____

Name: _____

Position: _____

Date: _____