

P R E S T I G E

1 (888) 513-9711

Inspection sheet

Contract # _____

Emergency contact

1 (786) 973 3678

First Name: _____ Last Name: _____ Pick up day: _____ Return day: _____

Car details: VIN _____

Model: _____

Make: _____

Color: _____

OUT

IN

Time: _____ Miles OUT: _____ FREE Miles: _____

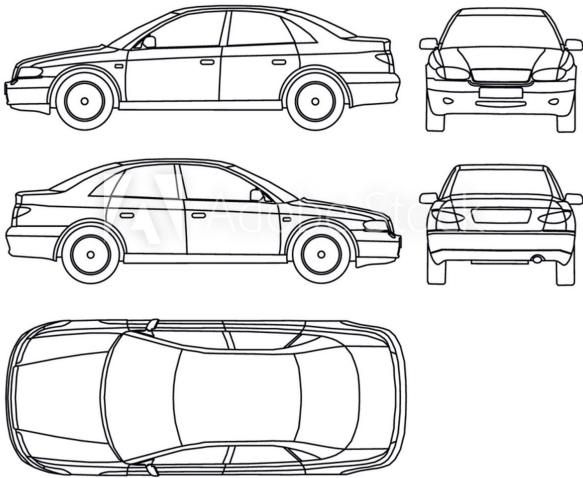
Time: _____ Miles IN: _____ Adtnl Miles: _____

Fuel:

Fuel:

E 1/16 1/8 1/4 5/16 3/8 7/16 1/2 5/8 11/16 3/4 7/8 15/16 F

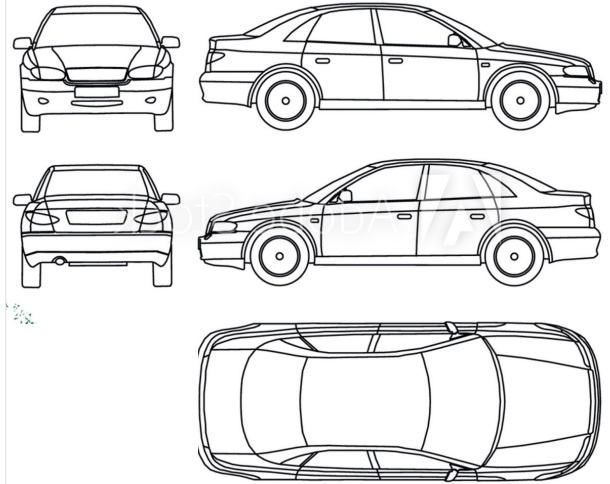
E 1/16 1/8 1/4 5/16 3/8 7/16 1/2 5/8 11/16 3/4 7/8 15/16 F



- ☐ Navigation CD/DVD
- ☐ Navigation(GPS)
- ☐ Interior clean
- ☐ Pet Damage
- ☐ Odor/Smoked in
- ☐ Carpets

Damage codes

- SC Scratched
- DT Dent
- PE Peeled
- DA Damage
- WD Water Damage
- SO Smoke Odor
- TD Tire Damage
- WC Winshield Chip
- ID Interior Damage
- PD Pet Damage
- CB Cigarette Burn



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Renter agrees to pay for all Additional Miles according to "FREE Miles" at Renter's specified cost at \$ _____

The undersigned has read the Rental Car Condition Report of the above vehicle and has verified the condition, equipment and mileage is as stated

Upon return of the vehicle, accept full responsibility for the damages associated costs noted above, as stated in the "agreement".

Renter's printed name

Renter's signature

Date

I, as a rental agent, have also read this document and verify that the condition, equipment and mileage are as stated

Rental agent

Date

Inspected by:

Signature

Date