VEHICLE RENTAL BOOKING FORM

DATE											
CUSTOMER INFORMATION											
First Name Company Name (if applicable)			ast Name			Gender					
City			tate			Post Co	ode				
Phone			mail		Date o						
Driving License Details							, , , , , , , , , , , , , , , , , , ,				
VEHICLE INFORMATION											
Vehicle Make/Model and Add-ons	Reg/Plate #	Start Date/Time	End Date/Time	Rate/Day	# of Day	s	Total	Notes			
DELIVEDY/DETI	IDN ADDANC	EMENT									
Driver Assignment		EMEN I		Driver ID							
Driver Assignment Delivery Location					Return Location						
Other Details				Return Loca							

PAYMENT INFORMATION								
Total Amount		Payment Method						
Vehicle Rental		Cash						
Deposit		Bank Transfer	Bank Account Name					
Fuel			Bank Account #					
Driver		Credit Card	Name on Card					
			Card Number					
			Card Issuer					
			Expiry Date					
Total		Other						
Rental Operator Signature		Date		ustomer Signature				