



8700 SOUTH TAMiami TRAIL SARASOTA, FL 34238 1-855-469-6842

DRIVER INFORMATION PRIMARY DRIVER ADDITIONAL DRIVER PLEASE CHECK ONE

NAME		DRIVERS LICENSE #	
ADDRESS		EXPIRATION DATE	
CITY	ZIP	STATE	
STATE/PROVIDENCE	COUNTRY	PASSPORT # (for international drivers)	
CELL PHONE		HOME PHONE	
EMAIL ADDRESS			
DATE OF BIRTH		HOW DID YOU HEAR ABOUT US?	

INSURANCE INFORMATION INSURANCE COMPANY

POLICY NO.	AGENT'S NAME / TELEPHONE
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AUTHORIZATION

I, _____ HEREBY AUTHORIZE AUTOXOTIC TO OBTAIN A CONSUMER REPORT WHICH MAY INCLUDE INFORMATION IN RELATION TO MY DRIVING HISTORY, PERSONAL CHARACTERISTICS, AND/OR GENERAL REPUTATION. THIS REPORT MAY INCLUDE INFORMATION FROM THE DEPARTMENT OF MOTOR VEHICLES, COURT RECORDS, OR ANY OTHER SOURCE REQUIRED TO VERIFY INFORMATION SUPPLIED BY ME VOLUNTARILY. IF AN ADDITIONAL DRIVER IS ADDED TO THE RESERVATION THEY ARE TO BE LISTED AS ADDITIONAL DRIVERS ON THE RENTAL AGREEMENT AND WILL BE SUBJECT TO THE SAME REQUIREMENTS AS THE PRIMARY RENTER.

CANCELLATION POLICY

I UNDERSTAND THAT UPON CONFIRMING A RESERVATION, AUTOXOTIC MAY CHARGE MY CREDIT CARD FOR A RESERVATION DEPOSIT EQUAL TO 1 DAY OF THE FULL RENTAL AMOUNT. IF I CHOOSE TO CANCEL THE FOLLOWING CONDITIONS WILL APPLY: ON DAILY RENTAL CANCELLATIONS DONE WITH IN 15 DAYS OR MORE, YOU WILL NOT BE CHARGED A CANCELLATION FEE AND DEPOSIT HELD WILL BE RETURNED. FOR MONTHLY RENTALS CANCELED WITH IN 60 DAYS OR MORE YOU WILL NOT BE CAHRGED A CANCELLATION FEE AND DEPOSIT HELD WILL BE REFUNDED. PLEASE REFER TO CANCELLATION POLICY ON THE RENTAL POLICIES PAGE FOR FURTHER DETAILS.

RESERVATION (NOT FINAL UNTIL CONFIRMED BY AUTOXOTIC)

RENTAL DATES (inclusive)		VEHICLE SELECTION	
START TIME	AM PM	END TIME	AM PM
YEAR _____		MAKE _____	
MODEL _____		COLOR _____	
MILEAGE _____		VIN# _____	
NOTES _____			

PICK UP / DELIVERY INFORMATION

PICK UP LOCATION:	
DROP OFF:	
RENTAL PRICING (COMPANY USE ONLY)	DELIVERY FEE:
TAX:	INSURANCE:
RENTAL TOTAL	

CREDIT CARD RENTAL CHARGES (RENTAL CHARGES WILL BE BILLED TO THIS CREDIT CARD)

CREDIT CARD #	NAME ON CARD
EXPIRATION DATE	CVV (SECURITY CODE)
<input type="checkbox"/> MASTER CARD	<input type="checkbox"/> VISA
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
<input type="checkbox"/> OTHER	

YOUR SIGNATURE BELOW SIGNIFIES YOUR APPROVAL OF THE ABOVE-STATED AUTHORIZATION FOR YOUR CREDIT CARD TO BE CHARGED FOR THE SECURITY DEPOSIT, ADDITIONAL DRIVER FEE, AND ACCEPTANCE OF OUR CANCELLATION AND REFUND POLICY.

SIGNATURE X _____	DATE _____
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