



APPLICATION FOR SPECIALTY RENTAL

All Drivers Must Complete an Application Prior to Rental

Please Print and Complete Every Section In Full

Absolutely, Positively No Smoking In Vehicles.

No Excuses! \$150.00 Minimum Charge Applied

DRIVERS INFORMATION

Full Name: _____

First Initial Last Name _____

Address: _____

Street Apt. _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Age: _____ Date of Birth ____ / ____ / ____

(see rate sheet for minimum age restrictions)

DRIVERS LICENSE INFORMATION

Social Security Number: _____ - _____ - _____

Driver's License Number: _____

State of Issue: _____

Issued: ____ / ____ / ____ Expires: ____ / ____ / ____

Restrictions: _____

Any Accidents or Tickets In The Last 5 Years? _____

Yes No

If yes, Please Explain: **EMPLOYMENT INFORMATION**

Employer: _____

(Trade Name If Self Employed)

Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ - _____

Position: _____

INSURANCE INFORMATION

(Must Have Transferable Full Coverage Insurance)

Insurance Agent: _____
Insurance Agent Phone #: (_____) _____ - _____
Insurance Company: _____
Policy Number: _____
Your Vehicle: Year: _____ Make: _____ Model: _____

LOCAL ADDRESS

(Hotel Name)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ - _____ Room #: _____

MODEL, DATE, & TIME DESIRED

(24 Hours per 1 Rental Day)

Model Desired: _____
Pick Up Date: _____ / _____ / _____ Return Date: _____ / _____ / _____
Pick Up Time: _____ AM – PM Return Time: _____ AM – PM

*Friday: 3 Day Minimum Rental Saturday: 2 Day Minimum Rental
Minimums may vary on Holiday Weekends. Please check with office*

DISCLOSURE

I, _____ Authorize Premier Luxury Rentals, Inc. To make
Print Name

Whatever credit inquiries and motor vehicle inquiries it deems necessary in connection with this application or in the course of review or collection of any credit extended in the reliance on this application. I authorize and instruct any person, consumer reporting agency, government agency or subcontractor, to compile and furnish Premier Luxury Rentals, Inc. Any information it may have or obtain in response to such inquires, such as credit and motor vehicle records, insurance and employment information along with personal character checks and credit card information and agree that the same shall remain the property of Premier Luxury Rentals, Inc., whether or not this application is approved. All information set forth in this application is declared to be true representation of the facts for the purpose of obtaining the rental vehicle requested and any willful misrepresentation on this application could result in criminal action.

Signature of Applicant Date

**PLEASE FAX THE COMPLETED AND SIGNED APPLICATION TO: 1-800-518-0622
ALSO INCLUDE A COPY OF YOUR DRIVERS LICENSE AND INSURANCE CARD**

Thank You for Choosing Premier Luxury Rentals, Inc.



Credit Card Authorization Form

I, _____ hereby authorize the Premier Luxury Rentals, Inc. to charge my below-referenced credit card for a total \$ (dollar) amount _____ for any and all goods and or services, service charges, gratuity charges, and any other charges. I understand that all sales are final, and no refunds will be given under any circumstance. I fully understand that a charge-back to the below-referenced credit card is strictly prohibited and is not an option for disputing the validity of any charge in connection with this agreement. I further agree to indemnify and reimburse Premier Luxury Rentals, Inc. promptly for the full authorization amount referenced below in the event I engage in any and all efforts to charge-back the below-referenced credit card. **Note:** if using this form of payment a 3% Credit Card fee will be applied.

Please sign this authorization form and return it via fax or scan and email and include:

1. Clear, **High Resolution photocopy of your credit card** (front and back)
2. Clear, **High Resolution photocopy of your driver's license** (front and back)

Fax back to **Attn: Premier Luxury Rentals** at 610.992.9330 or scan and email to **premierluxuryrentals@gmail.com**

Credit Card Holder's Name Email Address Phone #

Credit Card Number Expiration Date Security code

Credit Card Holder's Billing Address State Zip Code

X _____
Authorized Credit Card Holder's Signature