



Wheelchair Getaways of South Florida Rental Information Form

P.O. Box 20126
West Palm Beach, FL 33416
(561) 748-8414 Phone
(561) 748-8677 Fax
wheelchairvanrentals@gmail.com

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____ Cell: _____
Email: _____

FOR OFFICE USE Deposit Received <u>Special Instructions</u>
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Rental Dates: Start _____ End _____
Rental Times: _____

Flight Information

NOTE: Delivery/Pickup not available after 9pm or before 8am

Airport: ARRIVAL _____ DEPARTURE _____
Airline: _____
Flight # / Time: _____

VAN PREFERENCES

select all that apply:
Front passenger seat:
In Out

Hand Controls:

GPS RENTAL:
\$10 per day + tax

Destination

Name of Hotel or Residence: _____ Phone: _____
Address: _____
City, State, Zip: _____

Driver & Insurance Information (list additional drivers on separate page)

Driver's Name: _____ Phone: _____
Address: _____
City, State, Zip: _____ Date of Birth: _____
Driver's License # _____ State: _____ Expiration: _____
Insurance Company: _____ Policy # _____

Payment Information (credit card required, but you may pay by check or cash)

Credit Card Type (select one): _____ Security code: _____
Card #: _____ Expiration: _____
Name on credit card: _____ check here to charge \$100 deposit to your credit card

*** Rental confirmation subject to availability at the time we receive this completed rental form and \$100.00 deposit ***
*** Deposit is NON REFUNDABLE if reservation is cancelled with less than 14 days notice ***