

RENTAL AGREEMENT

Bluebird Auto Rental

No. M204392

RENTER Bruce Willis			REPLACEMENT CAR NO.		ORIGINAL CAR NO. 8008	
HOME ADDRESS 1 Nakatomi Plaza			MAKE-MODEL-YEAR-COLOR		MAKE-MODEL-YEAR-COLOR Toyot Supra 2015 RED	
CITY Los Angeles	STATE CA	ZIP CODE 90001	LICENSE NUMBER		LICENSE NUMBER Temp	
DRIVER'S LICENSE NO. 123456988	STATE NY	EXP. DATE 12/31/2039	ODOMETER IN	ODOMETER OUT	ODOMETER IN	ODOMETER OUT 210
BIRTHDATE 01/01/1970	SOCIAL SECURITY NO.	HOME PHONE (888)555-1212	ODOMETER OUT		DATE AND TIME IN	
LOCAL CONTACT	ADDRESS	LOCAL PHONE	MILES DRIVEN	MILES ALLOWED	DUE - EXPIRATION OF AGREEMENT 04/04/2019 17.04	
EMPLOYER NYPD	WORK PHONE		CHARGEABLE MILES		DUE - EXPIRATION OF AGREEMENT	
EMPLOYER'S ADDRESS			CHARGEABLE MILES		DUE - EXPIRATION OF AGREEMENT	

CITY	STATE	ZIP	REFERRED BY	GAS	RENTAL RATES	CHARGES
I will not under any circumstances surrender the use of the rented vehicle to any person other than those listed below or in Paragraph 6 on the back of this agreement. Operation of the vehicle by any driver in violation of Paragraph 6 is prohibited. If none, print NONE across this section. NONE				OUT		
				IN		
ADDITIONAL RENTER NAME: NONE HOME PHONE NUMBER: _____ DATE OF BIRTH: _____ DRIVER'S LICENSE NO.: _____ STATE/COUNTRY: _____ EXPIRATION DATE: _____				E 1/4 1/2 3/4 > F	BLUE: OT Hourly 32.00 hour .00 BLUE: Daily 104.00 day .00 BLUE: Weekly 699.00 week .00 BLUE: 30 Day 1 @ 220.00 month 220.00 BLUE: XDaily 100.00 day .00 Excess Miles .25 /mi Net T&M 220.00	
DECLINES X	PHYSICAL DAMAGE WAIVER RATE \$ <u>0.00</u> PER DAY \$ <u>0.00</u> PER WEEK By my initials, I accept or decline Physical Damage Waiver at the rates listed above. If I decline to purchase the Waiver, I accept full responsibility for loss by collision or Physical damage, regardless of cause up to \$ <u>0.00</u> per occurrence, which may be charged to my credit card shown below. Accepting reduces my responsibility to \$ <u>500.00</u> per occurrence, which may be charged to my credit card shown below. PHYSICAL DAMAGE WAIVER IS NOT INSURANCE			ACCEPTS X	SALES TAX 7.250 % 15.95 Airport Concession 2.500 % 5.50 CFCC 3 @ 5.00 day 15.00 VLF 3 @ .84 day 2.52 DomesticSecurityFee 3 @ 5.00 day 15.00 Gas (per Gallon) 6.00 Refueling Service Fee 15.00 Subtotal of Other Charges 53.97	
DECLINES X	PERSONAL ACCIDENT INSURANCE (P.A.I.) RATE \$ <u>0.00</u> PER DAY \$ <u>0.00</u> PER WEEK By my initials, I accept or decline enrollment for Personal Accident Insurance. If I accept, I understand and acknowledge that coverage is at the rates indicated and that I have read the certificate of insurance furnished by dealer prior to rental.			ACCEPTS X	Estimated Charges 273.97 Deposit Cash 1,000.00 Total Deposits/Payments 1,000.00	
DECLINES X	PERSONAL EFFECTS COVERAGE (P.E.C.) RATE \$ <u>0.00</u> PER DAY \$ <u>0.00</u> PER WEEK By my initials, I accept or decline enrollment for Personal Effects Coverage. If I accept, I understand and acknowledge that coverage is at the rates indicated and that I have read the certificate of insurance furnished by dealer prior to rental.			ACCEPTS X		

VEHICLE CONDITION OUT	SPARE JACK OK	CUSTOMER INITIALS
IN		

RENTAL WILL BE PAID BY

WARNING

- I have read carefully all driving and use restrictions on the reverse side.
- I am responsible for all traffic violations and must turn in all summonses upon return of vehicle.
- I will report all accidents immediately.

I have read both sides of this agreement and agree to its terms and conditions. I authorize you to process a credit card voucher, if any, in my name.

THIS IS YOUR INVOICE - PAYMENT DUE ON RECEIPT

X _____ RENTER'S SIGNATURE

CREDIT CARD TYPE Cash	CREDIT CARD NUMBER	EXPIRATION DATE	EXTEND TO	ADDITIONAL DEPOSIT	DATE	INITIALS
CC AUTH NUMBER	AUTH AMOUNT 1,000.00	DATE 04/01/2019	CHECKED OUT BY:	CHECKED IN BY:		

FINAL CHARGES ARE SUBJECT TO AUDIT