



Bluebird Auto Rental Systems

200 Mineral Springs Drive
Dover, NJ 07801
(973) 989-2423

RA NO. **10000**

RENTAL AGREEMENT PAGE 1

TRAC 24 Hour Roadside Assistance (800) 599-6766

RENTER NAME Art Vandelay		TO BE PAID BY		VEHICLE NUMBER 324		LICENSE NUMBER 460NPF		STATE NJ					
HOME ADDRESS 329 Broadway				VERIFIED		YEAR - VEHICLE LINE 2011 Hyundai		MODEL AND COLOR Sonata Black					
CITY New York		STATE NY		ZIP CODE 10101		MILEAGE IN		DATE AND TIME IN					
DRIVER'S LICENSE NUMBER V3497602932		STATE NY		EXPIRES 12/31/2012		MILEAGE OUT 46.000		DATE AND TIME 01/25/2012 13.21 OUT					
BIRTH DATE 10/19/1953		HOME TELEPHONE (212) 295-4498		VERIFIED		MILES DRIVEN		MAXIMUM PAYLOAD					
LOCAL CONTACT Hilton Garden (973) 324-9988				PHONE		MILES ALLOWED		I AGREE TO RETURN THE RENTED VEHICLE TO THE ABOVE LOCATION ON OR BEFORE DATE DUE IN 02/06/2012 13.21					
EMPLOYER'S NAME Fox		PHONE NUMBER (212) 385-6938		VERIFIED		CHARGEABLE MILES							
EMPLOYER'S ADDRESS				REFERRED BY		DEPOSIT		EXTEND TO DATE					
CITY New York		STATE NY		ZIP CODE 10101		ADDL DEPOSIT		DATE EXTENDED					
BILL TO NAME		PHONE NUMBER		VERIFIED		INITIAL							
ADDRESS				CITY		STATE		ZIP CODE					
AUTHORIZED BY:				AMOUNT AUTHORIZED		VEHICLE RETURNED AT:							
THE PERSONS NAMED BELOW ARE ADDITIONAL AUTHORIZED DRIVERS. IF NONE, PRINT 'NONE' ACROSS THIS SECTION AND HAVE SIGNED BY CUSTOMER.						FUEL		DAMAGE DESCRIPTION					
ADDITIONAL DRIVER NAME Elaine Vandalay		LICENSE NO. V3967329673496		STATE NY		BIRTHDATE		SHOP NAME					
ADDITIONAL DRIVER NAME None		LICENSE NO.		STATE		BIRTHDATE		PHONE NUMBER					
<p>NO SMOKING (\$150 CHARGE)</p> <p>NO PETS (\$150 CHARGE)</p> <p>PLEASE REMEMBER TO RETURN VEHICLE WITH SAME AMOUNT OF FUEL</p> <p>CLEANING CHARGE \$150: IF VEHICLE IS RETURNED DIRTY BEYOND THAT OF NORMAL USE</p>						VEHICLE MAKE/MODEL Ford Focus							
						NAME OF INSURED				INSURANCE COMPANY NAME Allstate			
						DATE OF LOSS				CL # / RO / PO H-39673			
						RATES DO NOT INCLUDE FUEL				RENTAL CHARGES			
						MILES		@ \$		0.00			
						HOURS		@ \$		5.00			
						DAYS		@ \$		0.00			
						WEEKS		@ \$		200.00			
						TOTAL TIME AND MILEAGE							
						PPD. FUEL				25.00			
FUEL				0.00									
SALES TAX													
TOTAL CHARGES													
LESS DEPOSITS				100.00									
AMOUNT DUE													
CHARGED				0.00		PAID INITIAL							
REFUNDED													
CUSTOMER INITIALS X _____													
CHECKED OUT BY: 723													
CHECKED IN BY:													
REMARKS				CREDIT CARD IMPRINT		AMOUNT DUE							
<p>W A R N I N G</p> <p>THIS RENTAL AGREEMENT IS NOT A POLICY OF INSURANCE. OUR INSURANCE POLICY ONLY PROVIDES INSURANCE FOR THE STATE MINIMUM FINANCIAL RESPONSIBILITY LIMITS.</p> <p>- READ ALL DRIVING RESTRICTIONS ON THE REVERSE SIDE CAREFULLY. YOU ARE RESPONSIBLE FOR ALL TRAFFIC VIOLATIONS AND MUST TURN IN ALL SUMMONSES UPON CHECK IN.</p> <p>- REPORT ALL ACCIDENTS IMMEDIATELY.</p> <p>- OPERATION OF THE VEHICLE IN VIOLATION OF PARAGRAPH 2 IS PROHIBITED.</p> <p>- YOU MAY BE PROSECUTED IF VEHICLE IS NOT RETURNED WHEN DUE IN.</p> <p>- IF BILL TO PARTY DEFAULTS FOR ANY REASON, YOU ASSUME ALL RESPONSIBILITY FOR CHARGES.</p>				THIS AGREEMENT MAY NOT EXCEED A ONE MONTH PERIOD		CUSTOMER INITIALS X _____							
				CLOSED SUBJECT TO FINAL AUDIT		CHECKED OUT BY: 723		CHECKED IN BY:					
<p>X _____</p> <p>THANK YOU, WE APPRECIATE YOUR BUSINESS!</p>													