

Bluebird Auto Rental Systems

No. 10000

RENTER Art Vandelay				REPLACEMENT CAR NO.		ORIGINAL CAR NO. 324	
HOME ADDRESS 329 Broadway				MAKE-MODEL-YEAR-COLOR		MAKE-MODEL-YEAR-COLOR Hyund Sonat 2011 Black	
CITY New York		STATE NY		ZIP CODE 10101		LICENSE NUMBER 460NPF	
DRIVER'S LICENSE NO. V3497602932		STATE NY		EXP. DATE 12/31/2012		ODOMETER IN	
BIRTHDATE 10/19/1953		SOCIAL SECURITY NO.		HOME PHONE (212)295-4498		ODOMETER OUT 46,000	
LOCAL CONTACT Hilton Garden				ADDRESS (973)324-9988		LOCAL PHONE	
EMPLOYER Fox				WORK PHONE (212)385-6938		MILES DRIVEN	
EMPLOYER'S ADDRESS				MILES ALLOWED		DATE AND TIME IN 01/25/2012 13.21	
CITY				STATE		ZIP	
REFERRED BY				GAS OUT IN		DATE AND TIME OUT 02/06/2012 13.21	
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.				E 1/4 1/2 3/4 > F		RENTAL RATES Hourly 11 5.00 hour 55.00 Weekly 1 200.00 week 200.00 Net T&M 255.00 Auto VLF 1 2.00 unit 2.00 LDW 8 9.95 day 79.60 Additional Driver 8 4.95 day 39.60 SALES TAX 12.750 % 32.77 Subtotal of Other Charges 153.97 Total Charges 408.97 Deposit Cash 324 100.00 Billed DB 308.97 Total 408.97	
DRIVER'S LICENSE NO. V3967329673496		STATE/COUNTRY NY		EXPIRATION DATE		Total Charges 408.97 Deposit Cash 324 100.00 Billed DB 308.97 Total 408.97	
DECLINES X		PHYSICAL DAMAGE WAIVER RATE \$ <u>9.95</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>25,000.00</u> occurrence, which may be charged to my credit card shown below. Accepting reduces my responsibility to \$ <u>1,000.00</u> per occurrence, which may be charged to my credit card shown below. PHYSICAL DAMAGE WAIVER IS NOT INSURANCE		ACCEPTS X		Total Charges 408.97 Deposit Cash 324 100.00 Billed DB 308.97 Total 408.97	
DECLINES X		PERSONAL ACCIDENT INSURANCE (P.A.I.) RATE \$ <u>6.66</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			
DECLINES X		PERSONAL EFFECTS COVERAGE (P.E.C.) RATE \$ <u>9.99</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	
CC AUTH NUMBER		AUTH AMOUNT 100.00		DATE 01/29/2012		ADDITIONAL DEPOSIT	
				CHECKED OUT BY: 723		DATE	
				CHECKED IN BY:		INITIALS	

FINAL CHARGES ARE SUBJECT TO AUDIT