

RENTAL QUALIFICATION FORM (DEBIT/CREDIT CARD)

TO BE COMPLETE	BY CUS	TOMER										
SURNAME:						FIRST	NAME:					
ADDRESS:												
DATE OF BIRTH:			HOME PHONE:					MOBILE PH	IONE:			
EMAIL:		•		•				•	•			
PROFESSIONAL D	FTAII S:											
EMPLOYER NAME:												
EMPLOYER ADDRESS:												
JOB TITLE:				BUSINESS PHONE:					PERIOD EMPLO	OYED:		
EMPLOYEE CONTACT #1				BUSINESS PHONE:		N.		OBILE PHONE:				
EMPLOYEE CONTACT #2					INESS ONE:			M	OBILE PHONE:			
DECLARATION:	AVIS reserves the right to refuse rental if additional details are incomplete Please read this information carefully. This information will not be used for the purpose of solicitation or promotion of Avis products or services. I confirm that the above information is correct and authorise Avis to collect, use and disclose information about me for the purpose of evaluating and assessing my application for rental of an Avis vehicle. I authorise any third person to provide information about me for that purpose, or any law enforcement requests. I am aware that individuals have the right to request access to and correction of personal information which Avis holds about them.											
DATE:					SIGNA	TURE:						
AVIS STAFF USE ONLY:												
DRIVER LICENCE NUMBER:					DRI ¹							
DRIVER LICENCE ADDRESS:							-					
DRIVER LICENCE EXPIRY				1		ER LICENCE FRY / STATE:						
SECOND FORM OF e.g. Current copy of			bill Etc Must incl	ude curre	nt address							
.,							-00	1	(Overdue k	ills are no	t accepted	d)
2nd ID VENDOR NAME:					D ADDRESS ETAILS:							
COPY OF DRIVER LICENCE OBTAINED Y]	N		LICENCE SCANNED (Patronscan)		Υ		N		
ADDRESS DETAILS MATCH WITH ALL ID PROVIDED				N								
COPY OF 2ND ID OBTAINED Y				N	PHONE NUMBERS CHECKED Y				N			
DNR CHECK Y				N								
				_		•						
RENTAL SALES AGENT SIGNATURE:						DAT	ΓE:					
MANAGER/SUPERVISOR						RA NUI	MRFR.					