



AIRPORT RENTAL QUALIFICATION FORM

TO BE COMPLETED BY THE RENTER AND/OR CARDHOLDER

SURNAME:		FIRST NAME:	
ADDRESS:			
DATE OF BIRTH:		HOME PHONE:	
		MOBILE PHONE:	
EMAIL:			

PROFESSIONAL DETAILS:

EMPLOYER NAME:			
EMPLOYER ADDRESS:			
JOB TITLE:		BUSINESS PHONE:	
			PERIOD EMPLOYED:
EMPLOYEE CONTACT #1		BUSINESS PHONE:	
			MOBILE PHONE:
EMPLOYEE CONTACT #2		BUSINESS PHONE:	
			MOBILE PHONE:

DECLARATION:	<p>Please read this information carefully. This information will not be used for the purpose of solicitation or promotion of Budget products or services.</p> <p>I confirm that the above information is correct and authorise Budget to collect, use and disclose information about me for the purpose of evaluating and assessing my application for rental of a Budget vehicle, and authorise any third person to provide information about me for that purpose.</p> <p>I am aware that individuals have the right to request access to and correction of personal information which Budget holds about them.</p>		
DATE:		SIGNATURE:	

BUDGET USE ONLY:

DRIVER LICENCE NUMBER:		DRIVER LICENCE NAME:	
DRIVER LICENCE ADDRESS:			
DRIVER LICENCE EXPIRY		DRIVER LICENCE ISSUING STATE:	

SECOND FORM OF IDENTIFICATION: (e.g. Copy of Utilities bill, phone bill)

NOTE: Overdue bills are not accepted

2nd ID VENDOR NAME:		2nd ID ADDRESS DETAILS:	
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COPY OF DRIVER LICENCE OBTAINED	<input type="checkbox"/> Y	<input type="checkbox"/> N	CURRENT QLD LICENCE?	<input type="checkbox"/> Y	<input type="checkbox"/> N
ADDRESS DETAILS MATCH WITH ALL ID PROVIDED	<input type="checkbox"/> Y	<input type="checkbox"/> N	COMPLETE CHECK: 'QLD TRANSPORT LICENCE STATUS 'WEBSITE REFER TO DUTY MANAGER		
COPY OF 2ND ID OBTAINED	<input type="checkbox"/> Y	<input type="checkbox"/> N	PHONE NUMBERS CHECKED	<input type="checkbox"/> Y	<input type="checkbox"/> N
DNR CHECK	<input type="checkbox"/> Y	<input type="checkbox"/> N			

RENTAL SALES AGENT SIGNATURE: _____

MANAGER/SUPERVISOR SIGNATURE _____

DATE: _____

RA NUMBER: _____