

RENTAL QUALIFICATION FORM (DEBIT/CREDIT CARD)

TO BE COMPLETED	BY CUSTO	MER						(2)			,	
SURNAME:						FIRST	NAME:					
ADDRESS:												
DATE OF BIRTH:			HOME PHONE:					MOBILE PH	IONE:			
EMAIL:				•				•	•			
PROFESSIONAL DI	FTAII S:											
EMPLOYER NAME:	LIAILO.											
EMPLOYER ADDRESS:												
JOB TITLE:				BUSINESS PHONE:		PERIOD EMPLOYED:						
EMPLOYEE CONTACT #1				BUSINESS PHONE:		MOBILE PHO			OBILE PHONE	i:	•	
EMPLOYEE CONTACT #2				BUSINESS PHONE:		MOE		OBILE PHONE	i:			
DECLARATION:	BUDGET 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 Budget products or services. 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. 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 Budget holds about them.											
DATE:					SIGNA	TURE:						
BUDGET STAFF USE ONLY:												
DRIVER LICENCE NUMBER:	DRIV LICENCE											
DRIVER LICENCE ADDRESS:												
DRIVER LICENCE EXPIRY	l l					ER LICEI						
SECOND FORM OF e.g. Current copy of			sill Etc Must incl	ude curre	nt address							
r		., p	The Leave that the last the la						(Overdue	bills are no	ot accepted	I)
2nd ID VENDOR	NAME:					D ADDRI						
COPY OF DRIVER LICENCE OBTAINED Y				N LICENCE S		E SCANNED	(Patronscan)	Υ]	N		
ADDRESS DETAILS MATCH WITH ALL ID PROVIDED Y]	N								
COPY OF 2ND ID OBTAINED Y]	N PHONE N			NUMBERS C	HECKED	Y]	N	
DNR CHECK Y					N							
I												
RENTAL SALES AGENT SIGNATURE:					DA	ΓE:						
MANAGER/SUPERVISOR SIGNATURE						RA NUMBER:						