PHONE: 906-932-4449
FAX: 906-932-1012

REDS RENTAL OF IRONWOOD INC
1231 E CLOVERLAND DRIVE
IRONWOOD MI 49938

RA _____

Renter (Print)	Phone		Social Security #
Home Address	City	State	Zip
Driver's License #	State	Exp. Date	Date of Birth
Insurance Company	Policy No.	Agent	Phone
Employer		Title	How Long?
Employer's Address		Phone	Supervisor
Emergency Contact		Address	Phone

ABSOLUTELY NO DRIVERS UNDER 21 YEARS OF AGE

Additional Driver	Dr. Lic. #	State	Exp. Date	Date of Birth
Insurance Company	Policy Number		Agent	Phone
Additional Driver	Dr. Lic. #	State	Exp. Date	Date of Birth
Insurance Company	Policy Number		Agent	Phone

Year/Make	Vehicle #
Model / Tag	Fuel Out E 1/4 1/2 3/4 F
VIN#	Fuel In E 1/4 1/2 3/4 F

Odometer
Out _____
In _____
Miles Driven _____
Miles Allowed _____
Excess Miles _____

Date/Time Due In AM PM
Date/Time Ext. AM PM
Date/Time Ext. AM PM
Date/Time Out AM PM
Date/Time In AM PM
Miles Allowed

Prepaid Rent | Deposit

RENTAL AGREEMENT

CARS: $49.95 AND $59.95 PER DAY - FREE MILES

MINI-VAN:
$59.95 PER DAY - 100 FREE MILES PER DAY - $ .35 PER MILE THEREAFTER

12 & 15 PASSENGER VANS:
$79.95 PER DAY - 100 FREE MILES PER DAY - $ .40 PER MILE THEREAFTER

PLEASE RETURN THE VEHICLE GAS FILLED OR $10.00 PLUS GAS WILL BE CHARGED.

Collision Damage Waiver (CDW)

_____ By initialing here you agree to purchase our Collision Damage Waiver (CDW). In return, and subject to the exclusions in paragraph 5 on the reverse side of this form, your responsibility for Physical Damage to the Vehicle is limited to $_____.

_____ By initialing here you decline our CDW and agree to be responsible for all damage to the Vehicle.

Protection Plus Package (PPP)
By initialing below, you agree to purchase (or decline) our Protection Plus Package, the terms of which appear in a separate brochure that you have been given.

Supplemental Liability Insurance (SLI)
By initialing below, you agree to purchase (or decline) SLI and acknowledge that you received a separate SLI brochure that summarizes the SLI policy. SLI does not cover all risks. **There are exclusions for unauthorized drivers, driving while intoxicated and other conditions. There is no first party uninsured motorist coverage, and there may be no coverage for passengers in the Vehicle.** Please read the SLI brochure for other terms and conditions.

SLI		PPP	
ACCEPTED	DECLINED	ACCEPTED	DECLINED

Rates	Charges	
Miles @ ¢ per mile		
Hours @ $		
Days @ $		
Weeks @ $		
Total time and mileage		
_____ @ $_____ per day		
_____ @ $_____ per day		
_____ @ $_____ per day		
Gas Charge		
Total Tax Amount		
Subtotal		
_____ @ $_____ per day		
_____ @ $_____ per day		
_____ @ $_____ per day		
Subtotal		
Total Amount Due		

Customer Pay _____ Direct Bill 1 _____ Direct Bill 2 _____

Minus Deposit		
Net Due Rental Location		
Net Due Customer		

Authorized To Drive In
- Local 50/_____mile radius only or
- Originating State, or _____

Check Method of Payment
_____AE _____MC _____VISA
_____Cash _____Direct Bill _____Other

CREDIT CARD # EXPIRATION

By signing below, you indicate you have been given the opportunity to read, prior to signing, and you agree to the terms of, this Agreement. If you have presented a credit card for payment of deposit or for rental charges, all rental charges, including parking citations, may be billed to said credit card and your signature below is considered made on the applicable credit card voucher.

X _____
Renter's Signature

X _____
Additional Driver's Signature

ALL CHARGES SUBJECT TO FINAL AUDIT

Refund received by:

X

Remarks:

GEN555 Rev. 7/04