

FLORIDA VAN RENTALS, INC.

6307 Hansel Avenue | Orlando, FL 32809

Toll Free (866) 322-4400 | Local (407)438-8010 | Fax (407) 447-5312

Email: info@floridavanrentals.com | Web: www.floridavanrentals.com

WHEELCHAIR VAN RENTAL AGREEMENT

Thank you for choosing Florida Van Rentals for your transportation needs.

Please complete the attached forms and return them to our office in order to secure and confirm your rental for your travel dates.

This document is fill-able from most Adobe Acrobat compatible readers. After completing all the required fields, please print, sign and fax the completed pages back to our office. You may also scan the form back to our office as well. Should you not have access to a scanner, we also accept digital images by email of the completed form from your cell phone or digital camera.

- **Reservations are not confirmed until all completed forms have been received by our office. In order ensure the availability for your reservation this form should be returned to our office as soon as possible.**

Reservations Office: (407) 438-8010 | Toll Free: 1 (866) 322-4400

Fax: (407) 447-5312

Seating capacities for wheelchair accessible vans

Rear Entry Mini Vans

Seating Capacity: four (4) people able-bodied, and upto 2 using manual or power wheelchair.

Rear Entry Transport Vans

Will fit seven (7) people able-bodied, and one using manual or power wheelchair or six (6) people able-bodied, and two using manual or power wheelchair. Vehicles may vary depending upon configuration.

Side Entry Mini Vans

Seating Capacity: five (5) people able-bodied, and one using manual or power wheelchair.

Other Features:

Front passenger seat is removable - if removed, vehicle will fit four (4) people able bodied and two (2) people using manual or power wheel chair.

Get a second driver free by liking us on Facebook:

<http://www.facebook.com/pages/Florida-Van-Rentals/102015169983318?fref=ts>

RENTAL WILL BE CHARGED 15-30 DAYS BEFORE PICKUP DATE

SMOKING IS NOT PERMITTED IN VEHICLES

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WHEELCHAIR VAN RENTAL INFORMATION

Name: _____ Email: _____
Company/Organization: _____
Address: _____
City, State, Zip: _____ Fax Number: _____
Home Phone: _____ Work: _____ Cell Phone: _____

Rental Itinerary Information

Airport or Office Pickup: _____ Airport or Office Drop off: _____
Arrival Airline: _____ Departure Airline: _____
Arrival Flight Number: _____ Departure Flight Number: _____
Pickup Time: _____ Drop-off Time: _____
Pickup Date: _____ Drop-off Date: _____
Name of Hotel: _____ Hotel Phone: _____
Hotel Address: _____

Total Number in Party (Including Wheelchair Passengers): Adults ____ Children ____
Wheelchair Occupants are: ____ Adult ____ Child Number of Wheelchairs: ____ Power ____ Manual
Wheelchair/Scooter Dimensions: ____ Length ____ Width ____ Height sitting in wheelchair

Vehicle Type (Please enter number of vehicle(s) you are renting.)

Total Number in Party: Adults ____ Children: ____
____ Rear Entry Minivan ____ Side Entry Minivan ____ Non-Emergency Transport Van
____ Child Seats (Forward Facing) ____ Child Seats (Rear Facing) ____ Booster Seats ____ GPS (\$5)
Orlando Only: ____ Theme Park Pickup (\$65) ____ Theme Park Drop-off (\$65)

*TRANSPORT OF LUGGAGE IS RENTER'S RESPONSIBILITY UNLESS PAID FOR: _____ (Initial)

CANCELLATION POLICY

Reservation cancelled 30 days or more prior to arrival - \$50.00 cancellation fee | Reservation cancelled 14 to 29 days prior to arrival - \$100.00 cancellation fee | Reservation cancelled 0 to 13 days prior to arrival - \$100.00 cancellation fee and balance shall be held for 1 year from original arrival date and will be applied to a new reservation. No refunds on early returns.

Signed: _____ Date: _____

RENTAL WILL BE CHARGED 15 TO 30 DAYS PRIOR TO ARRIVAL DATE

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Insurance Verification Form

The customer listed below is renting a vehicle from this office, and in light of today's ever-changing insurance laws we ask that you please fill out and fax/email this form back to our office.

Renter's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Insurance Company/Agent: _____ Phone: _____

In the event of an accident does your client have the following coverage(s)?

Liability for injuries and damage to a third party? (Yes | No): _____

Liability Limits:

Bodily Injury per person \$ _____

Bodily Injury per accident \$ _____

Property Damage per accident \$ _____

Will your insurance company pay for damage done to a rental vehicle? Yes | No

Will your insurance company pay loss of use? Yes | No

Policy Number: _____ Policy Expiration Date: _____

Insurance Agent Signature: _____

I, _____ authorize my insurance agent/company to disclose the above information to Florida Van Rentals, Inc. for the purpose of protecting me in the event of an accident.

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CREDIT CARD AUTHORIZATION FORM

MASTERCARD – VISA – AMERICAN EXPRESS – DISCOVER

Date: _____ Rental Amount: \$_____

Vehicle(S) Rented: _____

Name on Credit Card: _____ Card Type: _____

Credit Card Number: _____ Expiration Date: _____

Visa – MasterCard – Discover (List the 3 digits after the acc't # on back of card): _____

American Express (List the 4 digits on the front of the card): _____

This letter is to authorize the unconditional release of my Visa / Master Card / American Express or Discover Credit Card for any charges arising under the rental agreement with Florida Van Rentals, any rental agreement extensions with Florida Van Rentals, or any other charges incurred by the cardholder OR the renter, regardless of the cause of the charges or fault.

- **FUEL CHARGE:** The Fuel Level will be checked and confirmed from our office staff at the time of rental. The CUSTOMER is required to bring the rental vehicle back with the same amount of Fuel as when rented. Fuel discrepancies will be billed at \$10 USD per gallon and this rate will be reflected on van rental contracts.
- **SMOKING CHARGE:** No SMOKING is allowed in any of Florida Van Rentals vehicles. There will be a \$250.00 smoking fee should the rental vehicle have a odor of smoke in rental vehicle. Customer will be responsible for any damage to any seats (Cigarette Burns).
- **CLEANING CHARGE:** There will be a \$40.00 cleaning charge if the van is returned requiring extra hard cleaning. This includes but is not limited to stains on the seats, carpet, large deposits of sands.

Please allow the below listed renter to rent a vehicle using my credit card for payment. I understand that I am responsible for all charges arising under the rental agreement and that by signing this authorization I agree to all terms of the rental agreement even if I am not the driver.

SIGNATURE OF CARDHOLDER: _____ DATE: _____

PRINT NAME: _____ PICKUP DATE: _____

Please provide a copy of your driver license/ID. Also, include a copy of your insurance card if you are not purchasing our CDW or SLI Insurance.

***PLEASE MAKE SURE ALL COPIES ARE LEGIBLE**

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