

Wheelers Reservation Agreement

866-575-8444 412-833-1909 Fax:412-833-1918

Date Out : _____ Date In : _____
Payment: Cash _____ Credit Card: _____ Acct. No. _____ V Code _____
Expiration Date: _____ Name on Card: _____

.....
Responsible

Renter: _____
First Initial Last

Renters Address: _____
City _____ State _____ Zip Code _____ Country _____

Renters DLN _____ DOB _____ Exp. Date _____
Renters Day Phone _____ Night Phone _____ Fax _____

Additional Drivers (2 Allowed)

Drive 1 First Name _____ Last Name _____

Driver 1 DLN _____ DOB _____ Exp. Date _____

Driver 1 Day Phone _____ Night Phone _____

Driver 1 Address: _____

City _____ State _____ Zip _____

Drive 2 First Name _____ Last Name _____

Driver 2 DLN _____ DOB _____ Exp. Date _____

Driver 2 Day Phone _____ Night Phone _____

Driver 2 Address: _____

City _____ State _____ Zip _____

Vehicle Set-Up:

Passenger Seat: IN OUT Number of Wheelchairs _____ Type of Chairs: Manual

Hand Controls: IN OUT Power

Total Number of passengers _____ Scooter

Equipment needed to be rented and delivered at time of vehicle delivery:

Insurance Information:

Insurance Company: _____

Insurance Agent: _____ Phone: _____

Fax: _____ Insurance Policy No. _____

Where are you stay or going while renting.

All reservations are confirmed at the date and time faxed back to Wheelers. Cancellations are permitted prior to 14 days from the date of the rental. Cancellations after 14 days will be charged the full amount of the rental, unless other arrangements have been made and confirmed in writing. My signature bellows indicates I have read and understand the terms of this agreement

Signed _____

Date of Res. _____