

## **AIRPORT RENTAL QUALIFICATION FORM**

TO BE COMPLETED	D BY THE I	RENTER AN	ND/OR CARDHOLD	DER								
SURNAME:						FIRST	NAME:					
ADDRESS:												
DATE OF BIRTH:	HOME PHONE:			r			MOBILE PHONE:					
EMAIL:												
PROFESSIONAL DI	ETAILS:											
EMPLOYER NAME:												
EMPLOYER ADDRESS:				_								
JOB TITLE:					INESS ONE:			PERIO	DD EMPLO	YED:		
EMPLOYEE CONTACT #1				BUSINESS PHONE:			MOBILE PHONE:					
EMPLOYEE CONTACT #2				BUSINESS PHONE:				MOBILE	PHONE:			
DECLARATION:	Please read this information carefully. This information will not be used for the purpose of solicitation or promotion of Avis products or services.  I confirm that the above information is correct and authorise Avis to collect, use and disclose information about me for the purpose of evaluating and assessing my application for rental of an Avis vehicle, and authorise any third person to provide information about me for that purpose.  I am aware that individuals have the right to request access to and correction of personal information which Avis holds about them.											
DATE:			SIGNATURE:									
AVIS USE ONLY:					-							
DRIVER LICENCE NUMBER:					1	IVER E NAME:						
DRIVER LICENCE ADDRESS:					-							
DRIVER LICENCE EXPIRY					DRIVER LICENCE ISSUING STATE:							
SECOND FORM OF	INDENTIF	ICATION: (	e.g. Copy of Utilitie	es bill, ph	one bill )				NOTE: Ove	rdue bills	are not ac	cepted
2nd ID VENDOR NAME:					1	ID ADDRE DETAILS:						
COPY OF DRIVER LICENCE OBTAINED  ADDRESS DETAILS MATCH WITH Y			] ]	N N	<u>]</u> -	COMPLET	IT QLD LICENCE? E CHECK: 'QLD TRAN: DUTY MANAGER		Y NCE STATU	JS 'WEBSIT	<b>N</b>	
ALL ID PROVIDED			<u>]</u> ]									
COPY OF 2ND ID OBTAINED Y			]	N	]	PHONE NUMBERS CHECKED Y			Y		N	
DNR C	CHECK		Υ		N							
RENTAL SALES AGENT SIGNATURE:					DATE:							
MANAGER/SUPERVISOR SIGNATURE					RA NUMBER:							

IF CARDHOLDER DOES NOT HOLD A DRIVER LICENCE ANOTHER FORM OF PHOTO ID IS REQUIRED. (E.G. PASSPORT, PROOF OF AGE NOTE: CARD).