

## **RENTAL QUALIFICATION FORM** (DEBIT/CREDIT CARD)

TO BE COMPLETED BY CUSTOMER							
SURNAME:			FIRST NAME:				
ADDRESS:							
DATE OF BIRTH:		HOME PHONE:			MOBILE PHONE:		
EMAIL:							
	-						

PROFESSIONAL DE	TAILS:			
EMPLOYER NAME:				
EMPLOYER ADDRESS:				
JOB TITLE:		BUSINESS PHONE:	PERIOD EMPLO	DYED:
EMPLOYEE CONTACT #1		BUSINESS PHONE:	MOBILE PHONE:	
EMPLOYEE CONTACT #2		BUSINESS PHONE:	MOBILE PHONE:	

	AVIS 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 Avis products or services.						
DECLARATION:	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. 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 Avis holds about them.						
DATE:		SIGNATURE:					
AVIS STAFF USE ONLY:	_,_,_,_,_,_,_,_,_,_,_,_,_,_,_,_,_,_,						
DRIVER LICENCE NUMBER:		DRIVER LICENCE NAME:					
DRIVER LICENCE							

ADDRESS:			
DRIVER LICENCE		DRIVER LICENCE	
EXPIRY		COUNTRY / STATE:	
OFOOND FORM OF	INDENTIFIC ATION		

(Overdue bills are not accepted)

SECOND FORM OF INDENTIFICATION:

e.g. Current copy of utilities bill, phone bill Etc Must include current address
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2nd ID VENDOR NAME:			ADDRESS FAILS:			
COPY OF DRIVER LICE OBTAINED	NCE Y	Ν	LICENCE SCANNED (Patronscan)		Y	Ν
ADDRESS DETAILS MATC ALL ID PROVIDED	Y III	Ν				
COPY OF 2ND ID OBTA	INED Y	Ν	PHONE NUMBERS CHECKED		Y	Ν
DNR CHECK	Y	Ν				
I						
RENTAL SALES AGENT SIGNATURE:			DATE:			
MANAGER/SUPERVISOR SIGNATURE			RA NUMBER:			

\*Renter MUST supply Employer details and/or Second form of ID to qualify