

SEE MY WAY CAR RENTAL

THE CLEAR WAY AHEAD



1268-724-2592



SEE MY WAY CAR RENTAL

Car Rental Agreement Form

Renter Information

• Full	Name:
Dat	of Birth:
• Driv	er's License Number:
• Lice	se Issuing Country:
Cor	act Number:
• Ema	l Address:
• Hor	e Address:
Renta	Details
• Ren	al Start Date:
	al End Date:
	ıp Location:
• Dro	-off Location:
• Car	Model:
	License Plate Number:
Payme	nt Information
Pay	nent Method:
0	Credit Card
0	Pebit Card
0	Cash
Cre	it/Debit Card Number:
 Exp 	ration Date:
Car	holder's Name:
Billi	a Address:

Insurance and Liability

Contact Information

YesNo

Do you require additional insurance coverage?

If yes, please specify the type of coverage:

 Collision Damage Waiver (CDW) Theft Protection Personal Accident Insurance **Additional Options** GPS Navigation: Yes o No Child Seat: Yes o No Additional Driver: o Yes o No Name of Additional Driver: **Driver's License Number of Additional Driver:** Terms and Conditions 1. Rental Duration: The rental period is calculated on a 24-hour basis. Late returns may incur additional charges. 2. Fuel Policy: Vehicles should be returned with the same fuel level as at pickup. Refueling charges apply if not returned full. 3. Vehicle Condition: The vehicle must be returned in the same condition as rented, subject to normal wear and tear. 4. Mileage Limitations: Please check with the rental office for any mileage restrictions. 5. Cancellation Policy: Cancellations made within 24 hours of the pickup time may incur a penalty fee. **Acknowledgement and Signature** I, the undersigned, certify that I have read and understand the terms and conditions of this rental agreement and agree to abide by them. Renter's Signature: ______ Date: _____

SEE MY WAY CAR RENTAL

Phone Number: 268-724-2592Email: smwrentals@hotmail.com

This form is designed to be filled electronically or printed and completed manually. Please ensure all information is accurate and complete before submission.