

# LOCAL RENTER FORM

A  B  X

## TO BE COMPLETED IN FULL BY THE RENTER

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ MOBILE PH: \_\_\_\_\_ ALT PH: \_\_\_\_\_  
*(optional)*

### PROFESSIONAL DETAILS

EMPLOYER NAME: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ BUSINESS PH: \_\_\_\_\_ PERIOD EMPLOYED: \_\_\_\_\_

### ADDITIONAL CONTACT DETAILS

CONTACT NAME # 1: \_\_\_\_\_ PH: \_\_\_\_\_ RELATIONSHIP TO RENTER \_\_\_\_\_

CONTACT NAME # 2: \_\_\_\_\_ PH: \_\_\_\_\_ RELATIONSHIP TO RENTER \_\_\_\_\_

Please read this information carefully. This information will not be used for the purpose of solicitation or promotion of Avis Budget Group products or services.

**DECLARATION:** I confirm that the above information is correct. I authorise the applicable rental car company to collect, use and disclose information about me for the purpose of evaluating and assessing my application for a vehicle rental, and I 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 the applicable rental car company holds about them.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

## TO BE COMPLETE BY STAFF MEMBER

DRIVERS LICENSE NO: \_\_\_\_\_ DRIVERS LICENSE NAME: \_\_\_\_\_

DRIVERS LICENSE ADDRESS: \_\_\_\_\_

DRIVERS LICENSE EXPIRY: \_\_\_\_\_ ISSUING STATE (AU ONLY): \_\_\_\_\_

### SECOND FORM OF IDENTIFICATION

e.g. Copy of utilities bill, home phone / broadband bill or government issued paperwork issued within the last 30 days.

VENDOR NAME: \_\_\_\_\_ VENDOR ADDRESS: \_\_\_\_\_

## VERIFICATION CHECKLIST

Copy of Driver's license obtained?  Yes  No

Obtained copy of second form of identification?  Yes  No

Address details match all ID provided.  Yes  No

Phone numbers checked.  Yes  No

Current QLD license? (QLD only)  Yes  No

Complete check: 'QLD transport licence status' website. Refer to Duty Manager

DATE: \_\_\_\_\_ RENTAL SALES AGENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ MANAGER/SUPERVISOR SIGNATURE: \_\_\_\_\_