



RENTAL QUALIFICATION FORM (DEBIT/CREDIT CARD)

TO BE COMPLETED BY CUSTOMER

SURNAME:				FIRST NAME:		
ADDRESS:						
DATE OF BIRTH:		HOME PHONE:		MOBILE PHONE:		
EMAIL:						

PROFESSIONAL DETAILS:

EMPLOYER NAME:						
EMPLOYER ADDRESS:						
JOB TITLE:		BUSINESS PHONE:		PERIOD EMPLOYED:		
EMPLOYEE CONTACT #1		BUSINESS PHONE:		MOBILE PHONE:		
EMPLOYEE CONTACT #2		BUSINESS PHONE:		MOBILE PHONE:		

DECLARATION:	BUDGET 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 Budget products or services. I confirm that the above information is correct and authorise Budget to collect, use and disclose information about me for the purpose of evaluating and assessing my application for rental of a Budget 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 Budget holds about them.					
DATE:			SIGNATURE:			

BUDGET STAFF USE ONLY:

DRIVER LICENCE NUMBER:			DRIVER LICENCE NAME:			
DRIVER LICENCE ADDRESS:						
DRIVER LICENCE EXPIRY			DRIVER LICENCE COUNTRY / STATE:			

SECOND FORM OF IDENTIFICATION:

e.g. Current copy of utilities bill, phone bill Etc. - Must include current address

(Overdue bills are not accepted)

2nd ID VENDOR NAME:			2nd ID ADDRESS DETAILS:			
COPY OF DRIVER LICENCE OBTAINED	<input type="checkbox"/>	<input type="checkbox"/>	LICENCE SCANNED (Patronscan)	<input type="checkbox"/>	<input type="checkbox"/>	
ADDRESS DETAILS MATCH WITH ALL ID PROVIDED	<input type="checkbox"/>	<input type="checkbox"/>				
COPY OF 2ND ID OBTAINED	<input type="checkbox"/>	<input type="checkbox"/>	PHONE NUMBERS CHECKED	<input type="checkbox"/>	<input type="checkbox"/>	
DNR CHECK	<input type="checkbox"/>	<input type="checkbox"/>				

RENTAL SALES AGENT SIGNATURE: _____
 MANAGER/SUPERVISOR SIGNATURE: _____

DATE: _____
 RA NUMBER: _____

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