## Wheelchair Getaways Rental Information Form - Ft. Myers, FL

Cell: (239) 910-3653 Fax: (239) 267-2516

Email: missannabell@msn.com

Name:				
Address:				FOR OFFICE USE
_				Deposit Received
Home Phone:	Cell:			Special Instructions
Email:				
Rental Dates:	<u>Start</u>	<b>End</b>		
Rental Times:				
Kentai Times	<u>Flight I</u>	Flight Information  OTE: Delivery/Pickup not available after 9pm or before 8am		VAN PREFERENCES  select all that apply: Front passenger seat:
Airport:	ARRIVAL	<u>DEPARTU</u>	<u>RE</u>	In Out
Airline:		_		Hand Controls:
Flight # / Time:				GPS RENTAL: \$10 per day + tax
Name of Hotel or Residence:	<u>Des</u>	tination P	hone:	
Address:				
•				
	<u>ver &amp; Insurance Informa</u>	•	•	• •
Driver's Name:				
	y:			
	ent Information (credit ca			
Credit Card Type (select one):		S	Security code:	
Card #:		E	Expiration:	
Name on credit card:				

<sup>\*</sup> Rental confirmation subject to availability at the time we receive this completed rental form and \$100.00 deposit \* Deposit is NON REFUNDABLE if reservation is cancelled with less than 14 days notice \*