SEXTON AUTOMOTIVE OF OAK RIDGE 799 OAK RIDGE TURNPIKE OAK RIDGE, TENNESSEE 37830 865-272-3223 • FAX 865-272-3226 www.sextonautooakridge.com

Stock No.

12861

*NO SMOKING IN THE VEHICLE

Initial Here							

		-			MAKE					
LESSEE (PRINT)				MODEL						
					LICENSE NO.					
ADDRESS					DATE AND TIME OUT		DATE AND TIME DUE IN			
CITY		ST	ATE	ZIP	DATE AND TIME RETURNED					
					RATE PER DAY		DAYS	\$		
DRIVER'S	LICENSE NO.	ST	ATE EXP	IRATION DATE	DAILY RATES BASED ON 24 I DEPARTURE OR ANY PART T ODOMETER READING:		Γ			
INSURANCE AGENT PHONE			ODOMETER READING:	IN		_				
						MILE	FUEL LEVEL	-		
BUSINESS	ADDRESS				TOTAL MILEAGE			\$		
								\$		
CITY		ST	ATE	ZIP	DAY RATE PLUS MILAGE			\$		
INSURAN	CE COMPANY				SALES TAX:		%	\$		
					RENTAL TAX:		%	\$		
POLICY N	UMBER	EFF	ECTIVE DATES				TOTAL CHARGES	\$		
					MISCELLANEOUS		TO THE CHARGE	\$		
	HENSIVE DEDUCTIBLE		LLISION DEDUCTIBLE					\$		
Pre-exis	sting vehicle condition	on notes:			DEPOSIT		TOTAL CHARGE	s \$		
					TOTAL CHARGES LESS DEPC			ć	_	
		Lessee By:			REFUND	5511		ې د		
		Lessee By: of the vehicle by any driver under 2 rd Payment Authoriza			One Time Credit Card			<u> '</u>		
Sign and debit to y By signin the indic	complete this form to your credit card listed ng this form you give u ated date. This is pern	authorize SEXTON AUTOMOTIN	/E OF OAK RIDGE to make unt for the amount indica	e a one time ated on or after	Sign and complete this for debit to your credit card lis By signing this form you gi the indicated date. This is for any additional unrelate	m to authorize SEX sted below. ive us permission t permission for a sin	KTON AUTOMOTIVE OF O o debit your account for ngle transaction only, and	AK RIDGE to make the amount indica	a one time ted on or after	
Please complete the information below:				Please complete the information below:						
Iauthorize SEXTON AUTOMOTIVE of OAK RIDGE to charge my credit card				I authorize SEXTON AUTOMOTIVE of OAK RIDGE to charge my credit card						
account indicated below for on or after This payment is for a					account indicated below for the amounts listed below regarding the condition of the rental vehicle upon					
non-re	fundable deposit on my	rental reservation. I understand th	at if I need to cancel my res	ervation, l	return on or after	·				
need to give a 10 day notice prior to arrival for my deposit to be refunded.				 \$200 cleaning fee for smoke or ash odors. Cars to be driven on paved roads only. \$200 inspection and cleaning fee for vehicle driven off paved roads. For additional days of possession, plus applicable tax each day will be debited to your credit card listed below. 						
	Account Type:	□Visa	Master	Card			Discov	/er		
Cardholder Name: Account				Number:Expiration Date:						
Billing Address:City,					/, State, Zip:					
	Phone #:		Email:							
		o charge the credit card inticated in this aut his credit card and that I will not dispute the	e payment with my credit card con	npany; so long as the tra		icated in this form.		ove only, and is valid for o	ne time use only.	
		LESSEE AGREES TO RENT	THE ABOVE CAR SUB	JECT TO THE T	ERMS AND CONDITION			SIDE.		
agre	es by his signature	mutual promises and coven herein, to rent the automob	ants herein contained ile subject to the term	, the undersign						
prov REPAIR	·	s hereto, are incorporated ir SERVIC	•		RENTER'S					

SOURCE

ОК′D ОUT __ BY _____