



Wheelchair Getaways of Ft. Myers
Rental Information Form

c/o Movin' On Mobility
12530 Metro Parkway
Ft. Myers, FL 33966
(239) 910-2475
(239) 267-2516 FAX

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell: _____

Fax: _____

FOR OFFICE USE

Deposit
Received

Special Instructions

Flight Information

NOTE: Delivery/Pickup not available after 9pm and before 7am

ARRIVAL

DEPARTURE

Airport: _____

Date: _____

Time: _____

Airline: _____

Flight Number: _____

VAN CONFIGURATION

Mini Van

Hand Controls

Passenger seat:

In Out

Destination

Name of Hotel or Residence: _____ Phone: _____

Address: _____

City, State, Zip: _____

Driver & Insurance Information (list additional drivers on back)

Driver's Name: _____ Phone: _____

Address: _____

City, State, Zip: _____ Date of Birth: _____

Driver's License # _____ State: _____ Expiration: _____

Insurance Company: _____ Policy # _____

Payment Information (credit card required, but you may pay by check or cash)

Credit Card (circle one): VISA MASTERCARD AMEX DISCOVER

Card #: _____ Expiration: _____

Name on credit card _____ check here to charge \$100 deposit to your credit card

*** 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 ***