



# Wheelchair Getaways of Fort Myers Rental Information Form

c/o Movin' On Mobility  
12530 Metro Parkway  
Fort Myers, FL 33966  
(239) 910-2475 Phone  
(239) 267-2516 Fax

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Start**

**End**

Rental Dates: \_\_\_\_\_

Rental Times: \_\_\_\_\_

### **Flight Information**

NOTE: Delivery/Pickup not available after 9pm or before 8am

**ARRIVAL**

**DEPARTURE**

Airport: \_\_\_\_\_

Airline: \_\_\_\_\_

Flight # / Time: \_\_\_\_\_

### **Destination**

Name of Hotel or Residence: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### **Driver & Insurance Information (list additional drivers on separate page)**

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 Type (select one): \_\_\_\_\_ Security code: \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration: \_\_\_\_\_

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

#### **FOR OFFICE USE**

Deposit  
Received

**Special Instructions**

#### **VAN PREFERENCES**

*select all that apply:*  
Front passenger seat:  
In Out

Hand Controls:

**GPS RENTAL:**  
\$10 per day + tax

**\* 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 \***