



# Wheelchair Getaways of South Florida Rental Information Form

P.O. Box 20126  
West Palm Beach, FL 33416  
(561) 748-8414 Phone  
(561) 748-8677 Fax  
wheelchairvanrentals@gmail.com

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

<b>FOR OFFICE USE</b>  Deposit Received  <u>Special Instructions</u>
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Rental Dates: Start \_\_\_\_\_ End \_\_\_\_\_  
Rental Times: \_\_\_\_\_

### Flight Information

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

Airport: ARRIVAL \_\_\_\_\_ DEPARTURE \_\_\_\_\_  
Airline: \_\_\_\_\_  
Flight # / Time: \_\_\_\_\_

### VAN PREFERENCES

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

**Hand Controls:**

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

### 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

**\* 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 \***