

EXOTIC DRIVE RESERVATIONS

Invoice #: _____

Date: _____

CLIENT INFORMATION

Name: _____

License #: _____

Phone: _____

RENTAL PERIOD

Pickup: _____

Return: _____

Location: _____

VEHICLE DESCRIPTION

Year/Make/Model: _____

VIN: _____

License Plate: _____

Description	Rate/Day	Days	Amount
Daily Rental Rate	\$		\$
Insurance Waiver / Coverage	\$		\$
Additional Mileage Fee	\$		\$
Delivery / Collection Fee	-	-	\$

Subtotal \$ _____

Tax (___ %) \$ _____
Security Deposit \$ _____
Total Due \$ _____

Terms: Full payment required before vehicle release. Security deposit is refundable subject to post-rental inspection. All exotic rentals are subject to specific terms and conditions signed at time of delivery.