

EXOTIC DRIVE RENTALS

INVOICE: # _____
DATE: __/__/20__

CLIENT INFORMATION

Name: _____

License #: _____

Phone: _____

RENTAL PERIOD

Pick-up: _____

Return: _____

Duration: _____ days

VEHICLE DETAILS

____ (Year) _____ (Make/Model) _____

VIN: _____ Plate: _____

DESCRIPTION	RATE	QTY/DAYS	TOTAL
Daily Rental Rate	\$		\$
Insurance Premium (Full Coverage)	\$		\$
Additional Mileage Fee	\$		\$
Delivery & Concierge Fee	\$	1	\$

Subtotal: \$ _____

Tax (___%): \$ _____

Grand Total: \$ _____

Security Deposit (Held): \$ _____

Terms: Payment due upon vehicle return. All luxury rentals subject to terms of service agreement.

Signature: _____ Date: _____