

FACE PAGE
RENTAL AGREEMENT

| DEALER INFORMATION | | | | RO# | Unit# | RA# |
|---|--|--|--|--|-------|---------------------------|
| Name Bluebird Auto Rental | | | | 324-998 | 20125 | 3980 |
| CUSTOMER INFORMATION | | | | | | |
| Address 200 Mineral Springs Drive | | | | Customer Art Vandelay | | |
| City State Zip Dover, NJ 07801 | | | | Home Address 135 West 35th St. Apt. 5A | | |
| Phone (973) 989-2423 | | | | City State Zip New York, NY 10101 | | |
| CUSTOMER VEHICLE INFORMATION | | | | Driver's License No. 45839654645 | | State NY |
| | | | | Birth Date 07/12/1980 | | Expires 12/31/2015 |
| License No. _____ State _____ | | | | Home Telephone (212) 555-5486 | | |
| VIN | | | | Additional Driver's Name NONE | | |
| Year/Make/Model/Color 0 | | | | Driver's License No. _____ | | State _____ Expires _____ |
| RENTAL VEHICLE INFORMATION | | | | Additional Driver's Name _____ Birth Date _____ | | |
| | | | | Driver's License No. _____ | | State _____ Expires _____ |
| Date IN 04/29/2015 | | | | Time IN 9.54 | | A.M. P.M. |
| Date OUT 04/28/2015 | | | | Time OUT 8.00 | | A.M. P.M. |
| Date DUE 04/30/2015 | | | | Time DUE 8.00 | | A.M. P.M. |
| CUSTOMER INSURANCE INFORMATION | | | | | | |
| Insurer Progressive | | | | | | |
| Policy No. V4262366 | | | | | | |
| Expiration Date 12/31/2017 | | | | | | |
| DAMAGE DESCRIPTION | | | | | | |
| Vehicle VIN 02156548521JHKK1 | | | | FUEL | | |
| Vehicle Description | | | | OUT XF | | IN XF |
| Mileage IN 436 | | | | 3/4 | | 3/4 |
| Mileage OUT 324 | | | | 1/2 | | 1/2 |
| Miles Driven 112 | | | | 1/4 | | 1/4 |
| Miles Allowed 0 | | | | E | | E |
| Chargeable Miles 112 | | | | | | |
| RATES DO NOT INCLUDE FUEL | | | | RENTAL CHARGES | | |
| MILES: 112 @ \$ 0.00 | | | | 0.00 | | |
| DAYS: 1 @ \$ 48.00 | | | | 48.00 | | |
| TOTAL TIME AND MILEAGE CHARGES =====> | | | | 48.00 | | |
| TAXABLE FUEL 0.00 GAL. @ \$ | | | | 0.00 | | |
| VEHICLE LICENSE COST RECOVERY FEE | | | | | | |
| TAXABLE SUB-TOTAL =====> | | | | 8.36 | | |
| TAX @ 7.000 % | | | | 50.88 | | |
| NON-TAX FUEL 0.00 GAL. @ \$ | | | | 0.00 | | |
| VEHICLE LICENSE COST RECOVERY FEE | | | | | | |
| NET DUE CUSTOMER DEPOSIT / REFUND / OTHER | | | | | | |
| ESTIMATED TOTAL CHARGES | | | | 59.24 | | |
| SUB-TOTAL | | | | 0.00 | | |
| TOTAL CHARGE =====> | | | | 59.24 | | |
| METHOD OF PAYMENT | | | | REFUNDED | | |
| \$ _____ () CHECK _____ EXPIRES _____ # XXXXXXXXXXXX () CARD VERIFIED | | | | \$ _____ CUSTOMER INITIALS X _____ | | |
| | | | | <p>For liability losses involving third persons occurring in Michigan, We are responsible only up to \$20,000 for bodily injury or death to one person and \$40,000 for bodily injury or death to 2 or more persons in any one accident, and only if You, a member of Your immediate family or an Authorized Driver under the agreement were operating the Vehicle at the time of the accident. You may be liable to Us up to the same limits, and You may be liable to injured third persons for amounts in excess of those limits.</p> <p>By signing below, you: agree to the terms and conditions of this Agreement set forth on the Face Page and in the Terms and Conditions; acknowledge that you had an opportunity to read the Agreement before signing; authorize us to process a separate credit/debit card voucher in your name for all Charges, including Tolls and Violations; authorize us to release your billing/rental information to third parties for billing/processing purposes; and agree that binding consideration exists, as further described in Section 2 of the Terms and Conditions of this Agreement.</p> <p>Customer ALL CHARGES SUBJECT TO FINAL AUDIT</p> | | |

