



# Car Rentals Centre

Attn: .....Fax .....

**RETURN FAX: +61 8 9479 1537**

**PLEASE COMPLETE AND RETURN TO CONFIRM YOUR BOOKING**

**Hirer's/Drivers Full Name**.....

Home address.....

Telephone Home..... Work/Mobile.....

Drivers license number..... Expiry date.....

State/Country of issue..... Date of Birth.....

Contact address and phone number whilst staying in Perth.....

..... Phone.....

**Second Driver** (if applicable)

Full Name..... >

Driver's license Number..... Expiry Date.....

State/Country of issue..... Date of Birth.....

**VEHICLE DETAILS:**

Type of Car..... Rate Quoted \$

...../day

With..... Kms/day. Thereafter...../Km

**CHILD SEAT/CAPSULE REQUIRED**..... **QUOTED**...../day

**INSURANCE** (see attached)

**OPTION 1** no charge. **OPTION 2** \$...../day (if applicable)

Please indicate preferred **OPTION**: ONE / TWO (circle) **EXCESS** \$.....

**AIRPORT SERVICE: Delivery** \$..... **Return:** \$.....

**ARRIVAL DETAILS:**

**PICKUP DATE**..... **TIME (AM/PM)**.....

Domestic Airport, International Airport, Other.....

**DEPARTURE DETAILS:**

**RETURN DATE**..... **TIME (AM/PM)**.....

Domestic Airport, International Airport, Other.....

I agree to the terms and conditions of the hire agreement and authorize City Centre Car Rentals to deduct all charges relating to the above hire to my Bankcard / Mastercard / Visa / Diners / American Express.

**CARD NUMBER**.....**EXPIRY DATE**.....

**SIGNATURE**.....**DATE**.....

On receipt of this completed form we will contact you to confirm your booking and advise the pick up instructions. **Please provide fax or email for confirmation and pickup instructions**  
**FAX..** **.EMAIL.**