## Rental Agreement (Imprinted) 7381-IMP

				FORM #CF	D-252	-PA4				MADE IN	I THE U.	S.A. 🎴	
			(1	mprint Avo	ailab	le I	Here)						
RENTER (P	AGREEMENT FINT)						REPLACEMENT CAR NO. ORIG: CAR NO.						
HOME ADD	RESS				MAKE-MODEL-Y	EAR-COLOR	MAKE-	MAKE-MODEL-YEAR-COLOR					
CITY	ITY STATE ZIP CODE							IR	LICENS	LICENSE NUMBER			
DRIVER'S L	JCENSE NO.	STATE		EX	P. DATE		ODOMETER	ODOMETER					
BIRTH DATE	E	SOCIAL SECURITY	NO.	HOME	HOME PHONE					N			
LOCAL COM		ADDRESS		PHONE PHONE				0	UT AND TIME	IN			
EMPLOYER			PH	ONE			MILES DRIVEN				1	A.M. PM.	
EMPLOYER	IS ADDRESS						MILES ALLOWED			1	/	A.M. PM.	
CITY	STATE		ZIP II	REFERRED BY			CHARGEABLE MILES		e	DAT XPIRATION	OF AGREE	MENT A.M. PM.	
						AS	R	ENTAL RATES			HARGE		
person oth	under any circumstances ter than those listed below of the vehicle by any dri	or in Paragraph 6	of the ba	ck of this Agreeme	nt. OUT	IN	Miles @			s			
none, print	t NONE across this section.				" E 34	E %	Hours @ Days @			\$ \$			
ADDITIONA	L RENTER NAME	HOME PHONE	NO	DATE OF BIRTH	34	N 15	Weeks @ Months @			s s	_		
				11	- 34	72 54		and Mileage Charg	es	\$	_		
DRIVER'S L	JCENSE NO.	STATE/COUNTRY		EXPIRATION DATE	E	E	Gas (Taxable)			\$ \$			
RENTERS		CAL DAMAGE	WAIVE	R / /	RENTI	4.8		SICAL DAMAGE					
DECLINES	DECLINES ACCEPTS							WAIVER		\$			
	By my initials, I accept or decline Physical Damage Waiver at the rates listed above. If I decline to purchase the Waiver, I accept full responsibility for loss by collision or Physical						(NC	T INSURANCE)			1		
x By my in	itials, I accept or dedin	PER DAY \$ Physical Damag	e Waive	PER WEEK	x		Sub-Total	T INSURANCE)		\$			
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Standard Stock Colors								
Part 1		White						
Part 2		Canary						
Part 3		Pink						
Part 4		Goldenrod						

Standard Crash-Imprint Ink Colors									
Black		<b>Red</b> (PMS 185)							
<b>Blue</b> (PMS 293)		<b>Green</b> (PMS 355)							

(Form# CFD-252-PA4)

## **Product Description**

Our excellent Rental Agreement shows itemized charges for the rental or loaner vehicle. Help protect yourself and your vehicle with this quality form.

#### **Product Specifications**

- 8-1/2" × 11-3/4"
- 4-part, snap-out carbonless form.
- Available crash imprinted in 1 color only.
- Logo and 4 lines of text can be imprinted on this form.
- Imprint area is approximately 4" wide x 1/2" tall.
- Quantities: Minimum 500 / Incremental 500

### **Additional Information**

Non-Standard Ink Colors: NA

Proof Charge: Up to 3 Free

Plate Charge: NO

**Body Printing:** Additional Information can be crash imprinted on the form at an additional charge.

**Numbering:** Yes - Red ink only. Customer must supply the numbering sequence. Numbering must be 6 digits (i.e. 1 will be represented as 000001).

Screens and Gradients: NA

PMS Matching: NA

Bleed: NA

#### **Art Requirements**

- High resolution (300dpi) or fully editable vector artwork is required.
- Preferred file formats are InDesign (.indd), Illustrator (.ai or .eps), or Photoshop (.psd).
- If unavailable, artwork can be recreated if one of the following is provided:
  - 1. Photo/scan of existing artwork
  - 2. Description of copy and desired layout.

#### Production Notes (For Internal Use)

#### **Production: 085**

- InDesign file created using pre-set templates.
- PDF exported with all fonts outlined.
- Outline all fonts in Illustrator prior to production.

# Standard Imprint Header Standard Imprint City & Phone

RENTAL A	AGREEMENT	2													
RENTER (PR	INT)								REPLACE	MENT	CAR NO.	ORIG.	CAR NO.		
HOME ADDRESS							MAKE-MODEL-YEAR-COLOR			MAKE	MAKE-MODEL-YEAR-COLOR				
CITY STATE						ZIP CO	ODE		LICENSE NUMBER			LICENSE NUMBER			
DRIVER'S LICENSE NO. STATE					EXP. D	DATE		ODOME IN	TER		ODOMETER IN				
BIRTH DATE	RTH DATE SOCIAL SECURITY NO.					VE PH	ONE	dir I	ODOMETER OUT			ODOMETER OUT			
LOCAL CONT	LOCAL CONTACT ADDRESS PHONE							MILE			DATE		IN /	A.M.	
EMPLOYER PHONE								MILE			DATE	AND TIME	OUT	P.M. A.M. P.M.	
EMPLOYER'S ADDRESS					×	CHARGE	ABLE		E		TE DUE				
CITY	CITY STATE ZIP REF				REFERRED BY				MILES				/	/	A.M. P.M.
I will not u	nder any circum	nstances su	rrender the use	e of the re	ented vehicle to	anv	G	AS		RE	NTAL RATES			CHARG	ES
person othe	r than those liste	ed below or	in Paragraph 6	of the bac	ck of this Agreer	ment.	OUT	IN	Miles	@			\$		
	of the vehicle by		r in violation of	f Paragrap	h 6 is prohibite	ed. If	Е	E	Hours	@			\$		
none, print r	NONE across this	s section.					22455		Days	@			\$		
							1⁄4	1/4	Weeks	@			\$		
ADDITIONAL	RENTER NAME		HOME PHONE	NO.	DATE OF BIRTH	н	1/2	1/2	Months	@			\$		
					1 1		3/	3/	Total Ti	ime a	nd Mileage Charg	es	\$		
DRIVER'S LIC	CENSE NO.		STATE/COUN	TRY	EXPIRATION DAT	TE	- 3⁄4	3/4					\$		
					1 1		F	F	Gas (Tax	xable)		5	\$		
RENTER'S		PHYSIC	AL DAMAGE		3		RENTE	ER'S		PHY	SICAL DAMAGE				
INITIALS DECLINES							INITIA				WAIVER		\$		
x	RATE \$		PER DAY \$		PER WEEK	K x	i i i i i i i i i i i i i i i i i i i		(NOT INSURANCE)						
By my init	ials, I accept o	or decline I	Physical Dama	ge Waiver	r at the rates	listed	abo	ve.	Sub-Total \$						
	to purchase the								Sales Tax or Surcharge \$						
	gardless of caus my credit card s			pe	er occurrence, v	wnich	may	De					\$		
Accepting r	educes my resp	onsibility to	\$	pe	er occurrence, v	which	may	be					\$		
charged to	my credit card s	hown below.	PHYSICAL DA	MAGE W	AIVER IS NOT	INSU	RANG	CE	Gas (No	n-Taxa	able)				
RENTER'S	PE	RSONAL A	CCIDENT INSU						C/CDW	(Non-	Taxable)				
DECLINES	Insurance. If I	accept, I un dicated and	derstand and a that I have read	cknowledge	Personal Accide e that coverage ficate of insuran	is 🗖			PERSONAL ACCIDENT INSURANCE				\$		
x			_PER DAY \$		PER WEEK	e		Sub-Total				\$			
The second s	-		EFFECTS COVE			K X	n. Romanica								
RENTER'S INITIALS	Contraction of the second seco					cts	RENTE								
DECLINES	S         By my initials, I accept or decline enrollment for Personal Effects         INITIALS           Coverage. If I accept, I understand and acknowledge that coverage is at the rates indicated and that I have read the certificate of insurance furnished by dealer prior to rental.         ACCEPT						PTS	PERSONAL EFFECTS COVERAGE Sub-Total				\$			
х	RATE \$		PER DAY \$		PER WEEK	K X				1.5.2			\$		
VEHICLE CO	NDITION				SPARE		STOME		Less Re		or:		\$		
OUT					JACK O.K.	IN	IITIALS	5	Total Ch				\$		
IN									Less De				\$		
RENTAL WILL	BE PAID BY								Net Amo	ount Di	9C		\$	10 B	
									Net Due		r		\$		
DRC										have re	ead carefully all driving onsible for all traffic violat				
AMEX									re	eturn o	f vehicle. ort all accidents immed				10707
CB/DINERS								I have read both sides of this agreement and agree to its terms and conditions. I authorize you to process a credit card voucher, if any, in my name.							
VISA									2000	OURII	VVOICE-PAYMENT DUE	ON RE	CEIPT		
									×		RENTER'S	SIGNATU	RE		
M/C							EXTEND	ю	ADDITIONAL CASH DEP \$	TIONAL CASH DEPOSIT DATE INIT			ITIALS		
OTHER	OTHER							EXTEND TO ADDITIONAL CASH DEPOSIT DATE INITIA \$					IITIALS		
CREDIT AUTH. NO. DATE TIME AMOUNT AUTHORIZED BY:							CHECKED OUT BY: CHECKED IN BY:								
ITEM #7381 F	ORM #CFD-242-PA4	1		F	INAL CHARGE	S AR	E SUI	BJEC	T TO AUD	IT		1			FRON