

Credit Card Holder to Complete



All fields for both the above sections must be completed - no empty fields.

Personal Details		
First Name:	Surname:	
Phone Number:	Mobile Number:	
Email Address:		
Residential Address:	Local Contact Address: (No PO Box, Must be physical address)	
State:	Local Contact No	
Postcode:	Country:	
Date of Birth:	License No:	
State of Issue:	Expiry Date:	
Reservation Details Flight Information		
Pick Up Date:	Return Date:	
Pick Up Location:	Return Location:	
Arrival Time:	Return Time:	
Arrival Flight No:	Depature Flight No:	
Vehicle Type:	Rate Quoted:	
Special Requirements / Requests: (Additional charges may apply - contact office for details)		
Forward Facing Baby Seat: Qty Toddler Seat: Qty Rear Facing Baby Seat: Qty GPS: Qty		

All Andy's Auto Rental vehicles are comprehensively insured. The renter carries a liability, in the case of both multi and single vehicle accidents, of \$3,000. Where any authorized additional driver is less than 25 years of age (minimum age 21 years) a further \$750 liability applies.

Full terms and conditions may be viewed on our website www.andysautorental.com.au or are also available on the reverse side of the Rental Agreement.



Credit Card Holder to Complete



All fields for both the above sections must be completed - no empty fields.

Please note that your liability is \$3750 on Basic Insurance for all vehicles. If you wish to leave your liability at this pmount \$1000 will be pre-authorised against your nominated credit card.			
Alternatively additional insurance can be purchased. Please check your confirmation for details or contact the office on 1300 132 708 within Australia or call our direct line on (07) 3806 3493.			
I wish to purchase additional insurance and be charged at the appropriate daily rate. Yes No I wish to take Gold Cover Insurance if available for my vehicle category preference. Yes No I			
I of			
(Cardholder Name) of (Residential Address)			
authorise Barbrush Pty Ltd or Clavcorp Investments Pty Ltd t/a Andy's Auto Rentals to debit my credit card, details of which are provided below, with all amounts incurred in relation to the rental of the motor vehicle.			
I confirm that the debit is pursuant to:			
The car rental agreement # and any extension may to this contract.			
I warrant that there are sufficient funds on my credit card account. Should the credit provider withdraw the transaction, I agree that I will be liable for all associated costs and charges pursuant to the collection of the monies owed.			
Credit Card Type: (please circle applicable)			
AMEX / DINERS CLUB / MASTERCARD / VISA			
Card Number:			
Card Expiry Date: / CCV: (last 3 numbers on back of card)			
Cardholders Signature: Date:			

 $^{^{\}star}$ Please note there is a 5% surcharge for American Express and Diners transactions



Additional Drivers (if applicable)



All fields for both the above sections must be completed - no empty fields.

ADDITIONAL DRIVER 1	
First Name:	Surname:
License No:	License Expiry:
Date of Birth:	Country/State Issued:
Address:	
Contact Phone Number:	
ADDITIONAL DRIVER 2	
First Name:	Surname:
License No:	License Expiry:
Date of Birth:	Country/State Issued:
Address:	
Contact Phone Number:	
ADDITIONAL DRIVER 3	
First Name:	Surname:
License No:	License Expiry:
Date of Birth:	Country/State Issued:
Address:	
Contact Phone Number:	