NAME Home/Billing Address PHONE LOCAL PHONE			FAX#			□yes	-	Cart #
EMAIL							_	
RENTAL TIME REQU	<i>UESTED</i>				PICKUP DA			
DELIVER TO								
CREDIT CARD # VISA					EXP DATE			-
HOW WILL YOU BE	PAYING?		СК		cc_		_ CASH	
TYPE OF CART:		4 PASSENGER			6 PASSENG	EER		-
YOU WILL BE BILLED FOR: Rental Checklist								
MONTHS				Scheduling	: Spreadshe	et	Wall_	
DAYS				Google: De				
DAYS PU/DEL	\$39.95	\$300 (Palm Island	1)	Agreement	t: Typed_ Mailed_ In Person_		Emailed	
Sub Total TAX					heet: ng Out Repo	_ rt:		

RENTAL CUSTOMERS INFORMATION

TOTAL

Today's Date: