



CUSTOMERS NAME: \_\_\_\_\_ CELL # \_\_\_\_\_

DRIVERS LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ DOB: \_\_\_\_\_

SPOUSE/PARTNERS NAME: \_\_\_\_\_ CELL # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER/COMPANY: \_\_\_\_\_ POSITION: \_\_\_\_\_ WORK #: (\_\_\_\_) \_\_\_\_\_

INSURANCE AGENTS NAME: \_\_\_\_\_ INSURANCE COMPANY: \_\_\_\_\_

**Confirm coverage is available with agent.** I will fax the VIN# of your unit to them just prior to your departure. **FAX # IS REQUIRED**

POLICY #: \_\_\_\_\_ PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

**IF COVERAGES DO NOT TRANSFER FROM YOUR AUTO POLICY, MBA INSURANCE OFFERS COVERAGES – WE WILL REQUEST COVERAGES THROUGH YOUR INSURANCE COMPANY FIRST, SO ALL INFORMATION ABOVE IS REQUIRED. CUSTOMERS PURCHASING COVERAGES THROUGH MBA INSURANCE YOU WILL HAVE AN ADDITIONAL COVERAGE DEPOSIT OF \$1000 PAYABLE VIA CREDIT CARD OR CASH PRIOR TO DEPARTURE. THIS IS FULLY REFUNDABLE SO LONG AS THE RV IS RETURNED IN SAME CONDITION AS IT WENT OUT.**

ARE YOU INTERESTED IN ADDITIONAL INSURANCE? YES NO

GROUP # REQUESTED: \_\_\_\_\_ YEAR & LENGTH: \_\_\_\_\_ PRICE QUOTED: \_\_\_\_\_

DEPARTURE DAY & DATE: **(Mon-Fri only)** \_\_\_\_\_ TIME: SUMMER 1-4pm/WINTER 9-4pm

RETURN DAY & DATE: **(Sun-Fri only)** \_\_\_\_\_ TIME: SUMMER 8-10am/WINTER 9-4pm

DESTINATION OF TRIP(City/State): \_\_\_\_\_ EST RT MILEAGE: \_\_\_\_\_ FREE MILEAGE INCLUDED: \_\_\_\_\_

NUMBER OF PEOPLE TRAVELING: \_\_\_\_\_ PETS? YES NO (\$25 fee/leave no trace) ADD'L MILEAGE CHARGE \_\_\_\_\_

CHECK OPTIONAL NEEDS: LINENS/QTY \_\_\_\_ 6pk TOWELS \_\_\_\_ POST-CLEAN \_\_\_\_ GENERATOR \_\_\_\_ TV/DVD \_\_\_\_ 4 CHAIRS \_\_\_\_

BIKE RACK \_\_\_\_ DELIVERY/ADDRESS \_\_\_\_\_ SHUTTLE \_\_\_\_\_ OTHER \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_ RENTED BEFORE? \_\_\_\_\_ FROM HERE? \_\_\_\_\_

LIST ANY ADDITIONAL DRIVERS **EXCEPT** THOSE ON YOUR POLICY: (Must provide insurance binder & be present at departure)

NAME: \_\_\_\_\_ DAY PHONE #: (\_\_\_\_) \_\_\_\_\_ AUTO POLICY #: \_\_\_\_\_

INSURANCE AGENTS NAME & FAX #: \_\_\_\_\_ (REQUIRED)

Incomplete applications will not be processed. \*A **\$500 reservation deposit (non-refundable if you cancel)** must accompany application. The reservation deposit will apply toward your security deposits upon pick up. Cancellations less than a 30 day notice prior to pick up you will be responsible for the full rental price, credit will be given for re-rented amount of time. Sorry, no refunds on early returns and all units are **non-smoking**. If customer purchases coverages from MBA Insurance, an additional \$1000 coverage deposit (refundable) will be due at the time of departure. Security and Coverage Deposits are fully refundable within 30 days so long as the rental is returned in the same condition as it went out.

By signing below, I agree to the terms and conditions of processing this application.

CUSTOMERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ OK TO EMAIL? \_\_\_\_\_

OFFICIAL USE ONLY: UNIT # \_\_\_\_\_ FORM OF **NON-REFUNDABLE DEPOSIT**\* \_\_\_\_\_ DEPOSIT AMOUNT \_\_\_\_\_ DATE \_\_\_\_\_