



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: _____ UNIT# REQUESTED: _____ 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: POST-CLEAN _____ GENERATOR FOR TRAILERS _____ TV/DVD _____

TRAILER ADAPTER _____ LINENS/QTY _____ 6PK TOWELS _____ BIKE/CARGO RACK _____ 4 CHAIRS _____

TOWCHARGE _____ DELIVERY/ADDRESS _____ 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 _____