



# SIGNATURE CAR COLLECTION

RENTAL AUTHORIZATION & RESERVATION FORM

Please fax to 973.230.1862

[Please Check One] \_\_\_\_\_ Primary Renter \_\_\_\_\_ Additional Driver

## 1. RENTER INFORMATION

Full Name \_\_\_\_\_ Email Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## 2. INSURANCE INFORMATION

Drivers License # \_\_\_\_\_ Date of Birth \_\_\_\_\_ State \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

## 3. RESERVATION (not final until confirmed by SCC)

1st Vehicle Choice: \_\_\_\_\_

2nd Vehicle Choice: \_\_\_\_\_

## 4. RENTAL PERIOD & CHARGES

Starting Rental Period: Date: \_\_\_\_\_ Time: \_\_\_\_\_  Pickup from SCC Headquarters (No Charge)

Delivery to: \_\_\_\_\_

Ending Rental Period: Date: \_\_\_\_\_ Time: \_\_\_\_\_  Pickup from SCC Headquarters (No Charge)

Pick up from: \_\_\_\_\_

Rental Charges:	Delivery:	State Tax:	Rental Tax (\$5.00 per Day):	Total:
_____	_____	_____	_____	_____

## 5. CREDIT CARD INFORMATION

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV (Security Code) \_\_\_\_\_

\_\_\_\_\_ We will bill rental charges to this credit card number

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV (Security Code) \_\_\_\_\_

\_\_\_\_\_ We will authorize this card a security deposit (up to \$10,000).

NOTE: If left blank, we will authorize the card used for the rental charges. This security deposit will not be authorized until 30 days prior to your rental.

## 6. AUTHORIZATION

I, \_\_\_\_\_ hereby authorize Signature Car Collection, LLC, of 60 Avenue A, Newark, NJ, 07114 to procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, or any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification; to the extent such investigation includes information bearing on my character, general reputation, personal characteristics, or mode of living.

**Cancellation Policy** - I understand that when I make a reservation, Signature Car Collection, LLC will charge my credit card 50% of the total rental cost of the rental. I understand that if I cancel or reschedule more than 24 hours after making a reservation, I will be charged a 50% cancellation fee. I further understand that if I cancel or reschedule less than 7 days prior to my rental or are not present at the time of my rental ("no show"), I will be charged a 100% cancellation fee.

**Your signature below signifies your approval of the above stated authorization, for your credit card to be charged for the rental deposit security deposit, and acceptance of our cancellation and refund policy.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_