



133 Logan Ave, Jersey City, NJ 07306
Ph: (877) 839-6258 Fax: (877) 847-4986

RENTER'S INFORMATION AND RELEASE FORM

Rental Car: _____
Pickup Date: _____ Pickup Time: _____
Return Date: _____ Return Time: _____
Name: _____
Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Telephone: _____ Cell: _____
Email: _____
Driver's License No.: _____
Driver's License State: _____
Driver's License Expiration: _____
Social Security Number: _____
Insurance Company: _____
Insurance Policy Number: _____
Insurance Policy Expiration: _____
Insurance Contact No.: _____
Insurance Co Address: _____
Employer/Business Name: _____
Employer/Business Street Address: _____
Employer/Business City: _____ State: _____ Zip: _____
Employer/Business Phone: _____
Emergency Contact Name: _____
Emergency Contact Relationship: _____
Emergency Contact Address: _____
Emergency Contact City: _____ State: _____ Zip: _____
Emergency Contact Phone: _____
How did you hear about us: _____

For SFC Use		
SFC Rep	Date	Quoted Rate

I agree that Sky Fantasy Cars, LLC of New Jersey, in order that they may confirm my identity and suitability for the rental of one of their vehicles, is authorized to conduct or perform any verifications they deem necessary including, but not limited to Motor Vehicle License check, address verification, automobile insurance verification, employment verification, criminal check and credit worthiness. I release Sky Fantasy Cars, LLC of New Jersey from any liability and authorize them in this regard.

I authorize Sky Fantasy Cars of New Jersey to obtain my insurance information from _____,

policy number _____. Please provide policy limits and deductibles to Sky Fantasy Cars upon their request.

I also authorize Sky Fantasy Cars of New Jersey to charge my credit card for the amounts discussed in any accompanying email/fax or previous discussions for the reservation and deposit for overages.

Cancellation Policy & Fees: I recognize that this rental is for a unique and specialized vehicle and my reservation will be guaranteed and the rental vehicle will be held for me until the scheduled rental time. There is a \$100.00 cancellation fee if the reservation is cancelled within 10 days of the rental period. A 50% charge of the total rental price will apply if you cancel within 5 days of the rental period. A 100% charge of the total rental price will apply if you cancel with 72 hours of the rental period or if you do not show up for the rental. Call from 9:00AM – 5:00PM Monday through Saturday to cancel.

Agreed to on / / 20__ (date)

Renter or Agent's Signature: _____

Renter's Name: _____