

PARIS CAR RENTAL
P.O. Box 1155, Cruz Bay
St. John, Virgin Islands 00831
Tele: 340-776-6171 Fax: 340-693-8165

Toll Free: 866-611-8013

Date:

I personally authorize Paris Car Rental Inc. to charge a non-refundable deposit in the amount of \$100.00 to the following credit card in my name. This deposit is non-refundable unless we receive notice of cancellation three (3) weeks prior to the date commencing your rental agreement with Paris Car Rental.

Please note: All vehicles are 4WD.

Collision insurance is \$15.00 per day.

Additional driver coverage is \$5.00 per day.

All vehicles are to be in by 10:00 unless another agreement is made with rental agent.

Our offices will be closed on Dec. 25th, Jan 1st, and July 4th. No pick-ups or returns on these dates.

Must have Insurance Policy Card (proof of insurance). If none, driver must obtain Paris Car Rental insurance.

Please check one of the following credit cards:

VISA () MasterCard () American Express ()

Name as it appears on the card: _____

Account Number: _____ Expiration Date: _____

Signature: _____

The deposit is to be used toward the rental of a: _____

Arrival Date: _____ Departure Date: _____

RENTER'S CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Fax: _____

Driver's License #: _____

Expiration Date: _____

Date of Birth: _____