



RENTAL QUALIFICATION FORM

TO BE COMPLETED BY THE RENTER

SURNAME:				FIRST NAME:		
ADDRESS:						
DATE OF BIRTH:		HOME PHONE:			MOBILE PHONE:	
EMAIL:						

PROFESSIONAL DETAILS:

EMPLOYER NAME:						
EMPLOYER ADDRESS:						
JOB TITLE:		BUSINESS PHONE:		PERIOD EMPLOYED:		
EMPLOYEE CONTACT #1		BUSINESS PHONE:		MOBILE PHONE:		
EMPLOYEE CONTACT #2		BUSINESS PHONE:		MOBILE PHONE:		

DECLARATION:	Please read this information carefully. This information will not be used for the purpose of solicitation or promotion of Budget products or services.					
	I confirm that the above information is correct and authorise Budget to collect, use and disclose information about me for the purpose of evaluating and assessing my application for rental of a Budget vehicle, and authorise any third person to provide information about me for that purpose. I am aware that individuals have the right to request access to and correction of personal information which Budget holds about them.					
DATE:			SIGNATURE:			

BUDGET USE ONLY:

DRIVER LICENCE NUMBER:			DRIVER LICENCE NAME:			
DRIVER LICENCE ADDRESS:						
DRIVER LICENCE EXPIRY			DRIVER LICENCE ISSUING STATE:			

SECOND FORM OF IDENTIFICATION: (e.g. Copy of Utilities bill, phone bill)

NOTE: Overdue bills are not accepted

2nd ID VENDOR NAME:			2nd ID ADDRESS DETAILS:			
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COPY OF DRIVER LICENCE OBTAINED	<input type="checkbox"/> Y	<input type="checkbox"/> N	CURRENT QLD LICENCE?	<input type="checkbox"/> Y	<input type="checkbox"/> N
ADDRESS DETAILS MATCH WITH ALL ID PROVIDED	<input type="checkbox"/> Y	<input type="checkbox"/> N	COMPLETE CHECK: 'QLD TRANSPORT LICENCE STATUS 'WEBSITE REFER TO DUTY MANAGER		
COPY OF 2ND ID OBTAINED	<input type="checkbox"/> Y	<input type="checkbox"/> N	PHONE NUMBERS CHECKED	<input type="checkbox"/> Y	<input type="checkbox"/> N
DNR CHECK	<input type="checkbox"/> Y	<input type="checkbox"/> N			

RENTAL SALES AGENT SIGNATURE:

DATE:

MANAGER/SUPERVISOR SIGNATURE

RA NUMBER:
