



ARCHDIOCESE OF ATLANTA- 0348
VEHICLE RENTAL REQUIRED INFORMATION

Parish/Location Name, Address: _____

Phone & Fax Numbers: _____

Destination/purpose of the trip?: _____

Distance of travel (# of miles round trip)?: _____

Dates of rental (and total # of days): _____

Driver Info **as appears on license**: Name, DOB, License No. & ST - for **ALL** drivers:

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

Vehicle Info (Year, Make, Model, VIN): _____

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Rental Co.- Name, Address, Phone, Fax _____

Rental Co. requirements: _____

Please note that if the Rental Co. requires to be named Add'l Insured, there will be an additional charge

Additional Comments: _____
