CAPPS VAN & TRUCK RENTAL

Account Set Up Form V07.21.11

Company _____ **DBA:** _____

Contact: _____ **Title:** _____

Address: _____

Street **City** **State:** **Zip:**

Business Phone: _____ **Cell:** _____ **Fax:** _____

Email: _____ **Other PH** _____

DL #: / State: _____ **Exp. Date:** _____ **DOB:** _____

Insurance Agent: _____ **Phone:** _____

Policy #: _____ ***Is General Liability (GL) with a different Agent?*** ***YES or NO***

(Optional)** Company representatives or Employees authorized to rent a vehicle under company account.

Name _____ Name _____

Name _____ Name _____

Estimated Average Miles Driven & Quantity of Units Requested

	Daily Miles	Weekly Miles	Monthly Miles	Estimated Quantity of Units needed
#				
Route Description or Trip Planned (To and From)				

With my signature, I authorize a representative from Capps Van & Truck Rental to call my insurance company to verify coverage and I also authorize my Insurance provider to release the insurance information requested by Capps.

Signature X: _____ **Date:** _____

Special Instructions: _____

FOR OFFICE USE ONLY

VEHICLE CLASS AND RATES

Class	Daily	Weekly	Monthly	Per mile	Other

SLI Yes _____ No _____ **LDW?** _____ Deductible _____ NO

Email or Fax a Copy to: **Your Name**

E-Mail **Your e-mail address**

Fax # **Your fax Number**