



## DRIVER INFORMATION FORM

Please fill out form with the driver's information for each vehicle and Send via E-mail to [RentalCars@HavasuAirCenter.com](mailto:RentalCars@HavasuAirCenter.com) Or Fax to (928) 764-1995. Thank you for choosing Havasu Air Center and if you have any questions, please do not hesitate to call or e-mail.

Customer/Business Name: \_\_\_\_\_

Home/Business Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2<sup>nd</sup> Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_

Major Credit Card Type: \_\_\_\_\_

Name as on Card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security code on Back: \_\_\_\_\_

Customer Signature \_\_\_\_\_