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|              |              |
|--------------|--------------|
| Austin:      | 512.279.7368 |
| Dallas:      | 214.247.4700 |
| Fort Worth:  | 817.838.7368 |
| Houston:     | 713.457.7368 |
| San Antonio: | 210.249.7368 |

**TOUR RESERVATION**

RETURN BY FAX TO 817.838.6672 OR CALL 817.838.7368

**NAME AND CONTACT INFORMATION**

|                         |                               |                        |                     |                        |
|-------------------------|-------------------------------|------------------------|---------------------|------------------------|
| _____<br>Last Name      | _____<br>First Name           | _____<br>Date of Birth | _____<br>Home Phone | _____<br>Cell Phone    |
| _____<br>Street Address |                               | _____<br>City, State   | _____<br>Zip        | _____<br>Email Address |
| _____<br>Business Name  | _____<br>Business Street Addr | _____<br>City, State   | _____<br>Zip        | _____<br>Office Phone  |

**TOUR AND DATES REQUESTED**

|                        |                    |                |                    |                      |                                   |
|------------------------|--------------------|----------------|--------------------|----------------------|-----------------------------------|
| _____<br>Tour Selected | _____<br>Tour Date | _____<br>Gift? | _____<br>For Whom? | _____<br>Ride Along? | _____<br>How did you learn of us? |
|------------------------|--------------------|----------------|--------------------|----------------------|-----------------------------------|

OFFICE USE - INS COVERAGE REQ'T\*

\*NOTE TO INSURANCE AGENT: TOUR TERMS AND CONDITIONS REQUIRE INSURANCE LIMIT IN MINIMUM AMOUNT OF VE \$40,000. FAX PROOF OF COVERAGE LIMITS LIM

**DRIVER'S LICENSE, INSURANCE AND CREDIT CARD INFORMATION**

Please fax a copy along with the completed application.

|                                |                        |                                |                                    |                                 |  |
|--------------------------------|------------------------|--------------------------------|------------------------------------|---------------------------------|--|
| _____<br>Driver's License No.  | _____<br>State Issued  | _____<br>Date Expires          |                                    |                                 |  |
| _____<br>Insurance Carrier     | _____<br>Policy Number | _____<br>Policy Expiration     | _____<br>Agent Name                | _____<br>Agent Telephone Number |  |
| Circle Card Type: AMEX MC VISA |                        |                                |                                    |                                 |  |
| _____<br>Credit Card Number    | _____<br>Date Expires  | _____<br>Security Code On Card | _____<br>Phone Number on Card Back | _____<br>Tour Price             |  |

AUTHORIZATION - BY SIGNING BELOW YOU AUTHORIZE DFWELITEAUTORENTAL.COM, ITS EMPLOYEES OR AGENTS TO CHARGE DEPOSIT, FUEL, DAMAGE, MILEAGE AND RENTAL COSTS AS OUTLINED IN THE TERMS AND CONDITIONS TO YOUR CREDIT CARD AND/OR TO CHECK IDENTITY, EMPLOYMENT, LICENSE, DRIVING RECORD, CREDITWORTHINESS, INSURANCE COVERAGE/LIMITS, CRIMINAL RECORD AND ANY SUCH CRITERIA AS THE COMPANY MAY DEEM NECESSARY. RESERVATION WILL BE CONFIRMED UPON SUCCESSFUL COMPLETION OF CHECK(S) AND DEPOSIT. THIS FORM AUTHORIZES YOUR INSURANCE AGENT AS SHOWN ABOVE TO CONFIRM COVERAGE NEEDED. I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS POSTED ON THE COMPANIES WEBSITE AND ON THIS RENTAL AGREEMENT.

WE RESERVE THE RIGHT TO SUBSTITUTE CARS ON THE TOUR, AND IF THE TOUR DOESN'T HAVE FULL PARTICIPATION, TO LIMIT THE NUMBER OF CARS ON TOUR TO 4. IN THE EVENT WE REDUCE THE NUMBER OF CARS OR SUBSTITUTE, YOU CAN CHANGE TO ANOTHER TOUR DATE WITH NO PENALTY.

|                    |               |
|--------------------|---------------|
| _____<br>Signature | _____<br>Date |
|--------------------|---------------|