

CAR RENTAL RECEIPT

Date: _____

Receipt #: _____

Rental Company Info

Company: _____

Representative: _____

Location: _____

City/State/ZIP: _____

Phone: _____

Lessee Info

Name: _____

License #: _____

Address: _____

City/State/ZIP: _____

Phone: _____

Vehicle Information

VIN: _____ Registration #: _____

Make: _____ Model: _____

Year: _____ Mileage: _____

Color: _____

VIN	Cost/Day	# of Days	Additional Costs	Line Total
Payment Method:			Subtotal:	
<input type="checkbox"/> Cash. <input type="checkbox"/> Check. No: _____			Tax (%):	
<input type="checkbox"/> Credit. No: _____			Total:	
<input type="checkbox"/> Other. _____			Amount Paid:	

Authorized Signature: _____

Representative Name: _____

