

ensure client gets copy!

REMARKS:



Invoice No.

Empty box for Invoice No.

OWNER: TOSNZ Motorcycle Rentals Ltd
192 Edwards Road R.D.2.
UPPER MOUTERE 7175

TAXATION INVOICE

0800 MOTORS 03 526 7030
www.tosnz.com

GST REG. No.

1 1 2 9 8 5 9 5 6

AGREEMENT TO HIRE RENTAL VEHICLE

HIRER'S DETAILS

HIRER'S FULL NAME:

HIRER'S HOME ADDRESS:

EMAIL ADDRESS:

HIRER'S PHONE No:

HIRER'S LOCAL ADDRESS:

HIRE VEHICLE DETAILS

REGISTRATION No.

MAKE:

DATE/TIME OUT:

DATE/TIME IN:

DRIVERS LICENCE DETAILS

LICENCE No.

ISSUING AUTHORITY:

DATE ISSUED:

EXPIRY DATE:

PASSPORT DETAILS

NATIONALITY:

PASSPORT NUMBER:

DATE ISSUED:

CREDIT CARD No:

EXPIRY DATE:

CSC No:

I acknowledge that I have read, understood and agree with and will be bound by all Terms and Conditions printed on this Agreement.

SIGNATURE OF HIRER: _____

Signature of Owner: _____

OFFICE USE ONLY

| | | |
|-----------------|--|--|
| HIRE | | |
| DAYS x | | |
| CLOTHING | | |
| HELMETS x | | |
| JACKETS x | | |
| FLURO JACKETS x | | |
| GLOVES PAIRS x | | |
| BOOTS x | | |
| PACKS x | | |
| PANTS x | | |
| PANNIERS x | | |
| OTHER | | |

Date: _____

Date: _____