



cicarhire@gmail.com
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Vehicle Rental Contract and Agreement

DATE:			
PRIMARY AUTHORISED DRIVER INFORMATION			
First name		Middle Name	
Last Name		D.O.B	
Company			
Address			
State		Postcode	
Mobile Phone		Work Phone	
Email			
Passport/ID No		Exp. Date	
License No		Exp. Date	
OTHER DESIGNATED/AUTHORISED DRIVER			
First name		Middle Name	
Last Name		D.O.B	
Address			
State		Postcode	
Mobile Phone		Work Phone	
Passport/ID No		Exp. Date	
License No		Exp. Date	
VEHICLE INFORMATION		CONDITIONS	
Vehicle Make		I (Hirer) will return vehicle with a full tank of fuel <input type="checkbox"/>	
Vehicle Model		Hirer received the terms and conditions <input type="checkbox"/>	
Start Date/Time			
End Date/Time		RENTAL COSTS	
Pick-up location	CI Airport	Daily	_____ x \$ _____ p/day \$
Drop-off location	CI Airport	Monthly	_____ x \$ _____ p/month \$
Vehicle Plate No		TOTAL	\$
By signing below, I hereby confirm that I have read, understand and agree with the terms and conditions of this vehicle rental agreement			
Hirer Name		CI car hire Officer	
Hirer Signature		CI car hire Signature	
Date:		Date:	