

**If the vehicle driver is different from the purchaser (as in a gift rental), please call us at 703.785.9357 before completing this form.*

How heard/Referred by: _____

Rental Application (Self-Drive Vehicle)

Name of Vehicle Driver*		Occasion	Occupation/Job Title	
Street Address		Date of Birth (M/D/Y)	Social Security No.	
City, State	Zip	Driver's License No.	Issuing State	Yrs Licensed
Home Phone	Cell Phone	Auto Insurance Carrier	Auto Insurance Policy No.	
Work Phone	Email Address	Auto Ins. Agent's Name	Auto Ins. Agent's Phone	

AUTHORIZATION: I, _____, the Undersigned, hereby authorize ChoicePoint, Inc. of 1000 Alderman Drive, Alpharetta, Georgia 30005 to procure a consumer report on behalf of Capital Dream Cars, 1750 Tysons Boulevard, Fourth Floor, McLean, Virginia 22102 for the purpose of determining driver eligibility as outlined in Capital Dream Cars's Rental Policies. I understand that this consumer report may include information bearing upon my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living and may be derived from credit bureaus, departments of motor vehicles, court records, or any other source needed to verify the information I have voluntarily provided above. I understand that I may request a complete and accurate disclosure of the consumer report's investigative findings as they relate to my character, general reputation, personal characteristics, or mode of living.

RESERVATION: Vehicle: Ferrari 360 Spider Bentley Continental GT
 (Booking NOT final until confirmed by Capital Dream Cars) Lamborghini Gallardo Aston Martin V8 Vantage Roadster

Location: Pickup Delivery to: _____

Start Date/Time: _____ DAY, _____ / _____ / 20__ at _____ AM / PM

End Date/Time: _____ DAY, _____ / _____ / 20__ at _____ AM / PM

PAYMENT: I authorize Capital Dream Cars to use the following credit card as payment for the rental deposit, security deposit (hold/preauthorization), and rental fees. Capital Dream Cars will charge the credit card provided below after the specific terms of a reservation have been confirmed with the client:

Circle One: Visa / MC / AmEx _____
 Printed Name on Card _____ Credit Card No. _____

Exp. Date _____ Sec. Code* _____ Cust. Service Phone _____ Signature _____ Date (M/D/Y) _____

*On Visa and MasterCard cards, the Security Code is the last 3-digit number found on the card back. On American Express cards, the Security Code is the non-embossed 4-digit number found on the card front and usually above and right of the card number.

I have read, understand, and accept Capital Dream Cars's Rental, Reservation and Privacy Policies as outlined on its website. I affirm I have had the opportunity to ask questions about this form and that all such questions have been answered to my satisfaction. I execute this document knowingly and voluntarily. By signing below, I agree to all terms outlined above.

FAX FORM TO: 703-783-7575

Signature _____ Date (M/D/Y) _____