

Casa Tranquila PV

2010 Honda Odyssey mini-van Rental

Rental agreement

Name: _____

Current Address: _____

Phone: _____

Date of Birth: _____

Driver's License information: _____

Additional Drivers:

Name: _____

Address: _____

Date of Birth: _____

Driver's License information: _____

Name: _____

Address: _____

Date of Birth: _____

Driver's License information: _____

Vehicle pickup up location: _____

Date of pickup: _____ Mileage at pickup: _____

Vehicle return location: _____

Date of return: _____ Mileage at return: _____

Payment options (circle one)

Pre-pay: PayPal or Venmo

Cash: paid at time of delivery

Daily rate: _____ number of days: _____

Total estimated charges: _____

Promo/discounts: _____

Delivery fee (to be paid at time of delivery): \$20.00

pickup fee (to be paid at time of return): \$20.00

Amount due: _____

Inspection: To avoid being charged for damages to the rental vehicle that you did not incur, be sure to inspect the vehicle for such things as dents, scratches, broken features, etc.

Date Out: _____ Time Out: _____ Mileage Out: _____ Mileage Allowed: _____	Make Vin No: _____	Model Lic Plate: _____	Year: _____	Legend 1 <input type="checkbox"/> Broken 2 <input type="checkbox"/> Caved 3 <input type="checkbox"/> Chipped 4 <input type="checkbox"/> Cracked 5 <input type="checkbox"/> Dented 6 <input type="checkbox"/> Loose 7 <input type="checkbox"/> Micked 8 <input type="checkbox"/> Paint 9 <input type="checkbox"/> Repaired 10 <input type="checkbox"/> Rubbed 11 <input type="checkbox"/> Scraped 12 <input type="checkbox"/> Scratched 13 <input type="checkbox"/> Stained 14 <input type="checkbox"/> Torn <input type="checkbox"/> No Damage
 Fuel Level Out: _____ Tire Tread Depth LF ___/32 RF ___/32 LR ___/32 RR ___/32	 Driver	 Top	 Front Rear	
Comments _____ _____		AER Rep: _____ AER Rep: _____		
<small>By signing this inspection form I certify that I have conducted a complete and thorough inspection of the vehicle and that if pre-existing damages have been marked on the form and are accurate and reflect the true condition of the vehicle at the time of check out. I understand that I am liable for any damages found during the check-in inspection that are not noted above, and I agree to pay for the full cost of repair, replacement and/or cleaning fees as detailed as a result.</small>				

Date In: _____ Time In: _____ Mileage In: _____ Mileage Allowed: _____	Make Vin No: _____	Model Lic Plate: _____	Year: _____	Legend 1 <input type="checkbox"/> Broken 2 <input type="checkbox"/> Caved 3 <input type="checkbox"/> Chipped 4 <input type="checkbox"/> Cracked 5 <input type="checkbox"/> Dented 6 <input type="checkbox"/> Loose 7 <input type="checkbox"/> Micked 8 <input type="checkbox"/> Paint 9 <input type="checkbox"/> Repaired 10 <input type="checkbox"/> Rubbed 11 <input type="checkbox"/> Scraped 12 <input type="checkbox"/> Scratched 13 <input type="checkbox"/> Stained 14 <input type="checkbox"/> Torn <input type="checkbox"/> No Damage
 Fuel Level Out: _____ Tire Tread Depth LF ___/32 RF ___/32 LR ___/32 RR ___/32	 Driver	 Top	 Front Rear	
Comments _____ _____		AER Rep: _____ AER Rep: _____		
<small>By signing this inspection form I certify that the marks noted above are accurate and reflect the true condition of vehicle as I have returned it. I acknowledge that any changes in the vehicle's condition from check-out were made during my time of period and I agree to take full financial responsibility for any charges assessed as a result.</small>				

Damage Report		Make Vin No: _____	Model Lic Plate: _____	Year: _____	Customer Contract No: _____
Damage Classification: <input type="checkbox"/> Body <input type="checkbox"/> Bumper <input type="checkbox"/> Interior <input type="checkbox"/> Mechanical <input type="checkbox"/> Tires/Rims <input type="checkbox"/> Other _____					
Description:		Estimate: \$ _____		Insurance <input type="checkbox"/> Deposit	Cash <input type="checkbox"/> Waived
		Notes: _____		Debit/Credit <input type="checkbox"/> Other	

Detach this section from inspection forms and attach copy of invoice, receipt or estimate.

Deductible amount collected for damages (if applicable): _____ Date collected: _____

Additional rental contract information:

The rental agreement requirements for the renter include but are not limited to proof of insurance, a copy of a valid driver's license for the primary renter and all additional drivers, and all drivers must be at least 25 years of age. The renter is responsible for any damage to the vehicle during the term of this agreement. initials:

If you return the vehicle late you will be charged and additional \$25.00 every 30 minutes until returned. Payable via PayPal, Venmo or cash at time of return. initials: _____

In the event of an accident the renter should notify the police and obtain a police report if possible. It is the responsibility of the renter to collect the other driver's information. (Name, driver license, vehicles involved and insurance) The renter will be responsible for the insurance deductible of 10% for any and all damages to the vehicle. We (the owners) have liability insurance on the vehicle for damages caused to others. initials:

Insurance: renter agrees to pay the 10% deductible for any damages to the vehicle regardless of fault or unknown damages. initials: _____

Re-fueling: renter agrees to return the vehicle with the same amount of fuel at time of delivery. If renter returns vehicle with less fuel than delivery, renter is subject to a per-gallon fee not to exceed 50% above local market prices. initials: _____

The renter is responsible for the payments of any traffic or parking tickets issued while the renter has custody of the vehicle. initials: _____

We, (the owners) of the vehicle are allotted 90 days from the time the vehicle was returned to notify the renter of any additional charges and the reasons behind them. initials: _____

This rental agreement has been read and accepted:

Primary drivers' signature: _____

Print name: _____

Date: _____

If you have any questions while renting the vehicle, please contact Ignacio "Nacho" Partida at +52 322 135 8275
