

Hotel Rental Form

Hotel: _____ Phone: _____

Hotel Address: _____

Guest/Reservation Name: _____ Home #: _____

Cell Phone: _____ Alt Phone: _____

Guest Address: _____

Guest Height: _____ Guest Weight: _____ Pounds

Wheelchair: 18X16 20X16 22X16 24X18 Elevating Leg Rest

Scooter: Standard Heavy Duty or **Knee Walker**

Electric Wheelchair: Right or Left Side Joystick – 3 Day Min. \$60.00 per Day

Delivery Date: _____

Reservation Date: _____ Arrival Time: _____

Departure Date: _____ Departure Time: _____

Days Needed _____ Weeks _____ Months _____

Damage Insurance: Accept or Decline If accepted amount charged _____

Credit Card: Visa Master Card American Express Discover

Credit Card # _____

Expiration Date: _____ / _____ 3-Digit Code on Back of the Card: _____

Name on the Card: _____

Zip Code of the Card Holder: _____

Subtotal: _____ **Sales Tax:** _____ **Total Amount Charged:** _____

◆ Credit Cards are the only Accepted Form of Payment for Hotel Rentals ◆

Date of Call: _____ by: _____ Time: _____

Notes: _____
