MICHIGAN VEHICLE RENTAL AGREEMENT

Rental Company: **SMC Rentals LLC**
Business Address: **267 S.B. Gratiot Ave. Mount Clemens MI. 48043**
Phone: **(586)855-1221** Email: **SMCcarRentals@aol.com**

RENTER INFORMATION:

Full Name: _____

Driver License # _____ State: _____ Exp: _____

Address: _____

Phone: _____ Email: _____

AUTHORIZED DRIVERS

Name: _____ DL#: _____

Name: _____ DL#: _____

VEHICLE INFORMATION

Year: _____ **Make**: _____ **Model:** _____ Color: _____

VIN: _____ **Plate#:** _____

Mileage Out: _____ Fuel Level: _____

Condition Notes: _____

RENTAL PERIOD

Pickup: _____ Time: _____ Return: _____ Time: _____
(Date) (Date)

CHARGES

Daily Rate: $_____ Days: _____ Total: $_____

Security Deposit: $_____ Taxes/Fees: $_____

INSURANCE

Customer Insurance Company: _____

Policy Number: _____ Expiration: _____

Proof Provided: _____

Optional Coverage Accepted/Declined: _____

PAYMENT

Method: _____ Last 4 Digits: _____

ACKNOWLEDGMENT

I have read and agree to the terms of this rental agreement.

Renter Signature: _____ Date: _____

Company Representative: _____ Date: _____

RETURN INSPECTION

Date: _____ Time: _____ Mileage In: _____

Fuel: _____

Damage: (If Any)

_____

_____

_____