

THOMPSON'S GRAND RENTAL + RESERVATION FORM +

Please choose: Visa Master card Am. Express Discover

Name: _____
 Last First Middle Initial

Address: _____
 Street City State Zip

Phone numbers: Cell _____ Home _____

Drivers License # _____ State _____ D.O.B. ____/____/____

Credit Card # _____ Exp. Date ____/____ CVV Code _____

Please choose: Personal use Company use

Company Name (if applicable) _____
 Company Address (if applicable) _____
 Company Phone and Fax (if applicable) _____

Signature of Card Owner : I, _____, authorize
 Thompson's Rental Station, Inc. to use this credit card for payment of services rendered.

Date of Rental and Signature ____/____/____

Delivery Y / N Delivered address _____
 Delivery Time (if applicable) _____

Items needed : _____

Additional Notes: _____

“COMPLETE THIS FORM AND RETURN VIA FAX WITH A COPY OF THE CREDIT CARD AND DRIVERS LICENSE”
Bensenville fax 630-766-9436 - Lombard fax 630-261-0657 - Des Plaines fax 847-803-0399