

# Rental car reservation



Fax 0711 25 27 16 66

Please complete the form in full and fax to Alphabet

## Hirer

First name/last name: \_\_\_\_\_  
Street/no.: \_\_\_\_\_  
Postcode/town: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Anticipated duration of rental:  1-2 days  3-4 days  5-7 days  8-17 days  
 1 month  2 months  from 3 months  from 6 months

Vehicle delivery requested:  Yes  No

If so, delivery address (including postcode): \_\_\_\_\_

Start date/time of rental: \_\_\_\_\_

If not: pick-up at car rental depot \_\_\_\_\_

Expected return location: \_\_\_\_\_

Expected date/time of return: \_\_\_\_\_

Collection on return date requested:  Yes  No

If so: pick location (including postcode) \_\_\_\_\_

If not: return to car rental depot \_\_\_\_\_

## Requested vehicle

Vehicle category: \_\_\_\_\_ Type (if available): \_\_\_\_\_

Winter tyres:  Yes  No

Driver, if different from above: \_\_\_\_\_

First name/last name: \_\_\_\_\_

Street/no.: \_\_\_\_\_

Postcode/town: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Reservation confirmation to: Hirer:  by e-mail and/or  by text message

Driver:  by e-mail and/or  by text message

## If you are a full-service customer

Company: \_\_\_\_\_ Customer reference no.: \_\_\_\_\_

Leasing no.: \_\_\_\_\_ Vehicle registration no.: \_\_\_\_\_

Invoice to company (only available to Alphabet customers)  Payment on site

If you are already a full-service customer, sign below to confirm that the costs for the use of the rental vehicle are to be charged to you/your company.

\_\_\_\_\_  
Date/place/company stamp Signature of driver