



VEHICLE HIRE APPLICATION FORM

1. HIRER INFORMATION

Name: *(of group or individual)*

Address:

Name of Contact Person: *(group only)*

Is the group registered for GST?

Work Phone:

Mobile:

Home:

Email:

Fax:

Target Group: Frail Aged NDIS N/A

ABN:

2. BOOKING INFORMATION

Is this booking a: Day hire Overnight hire Extended Use Hire

Will you supply your own driver or do you require a SWCT driver? Own Driver SWCT Driver

If own driver, what class licence do they hold? LR C Class Other

Note: If own driver, driver must undertake an orientation on the vehicle prior to use to ensure competency.

Booking Date/s:

Destination of hire:

Anticipated Pick Up Time:

Anticipated Return Time:

If vehicles are booked out on the date required, can your group be flexible with dates? Yes No

If yes, please provide an alternate date:

Anticipated number of passengers:

What type of vehicle is required? Hi- Ace Rosa

Do you require a hoist or non-hoist vehicle and/or a trailer? Hoist Non Hoist Trailer

Number of people with wheelchairs:

Number of people with walkers:

Where will the vehicle be garaged? (if required) Off street parking Garage/Factory Carpark

3. GENERAL

Have you provided us with your Public Liability Insurance? Yes No

Have you read and agree to the Terms & Conditions set out in the Vehicle Hire Agreement? Yes No

Hirer Name:

Signature:

Date:

Office Use Only

Quote completed by:

Date:

Application Approved by:

Date: