



**EMPLOYMENT INFORMATION**

EMPLOYER: \_\_\_\_\_  
(Trade Name if Self-employed)

ADDRESS: \_\_\_\_\_  
Street Suite #

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Ext.

POSITION: \_\_\_\_\_ YEARS THERE: \_\_\_\_\_

**INSURANCE INFORMATION**

(Must Have Transferable Full Coverage Insurance)

INSURANCE AGENT: \_\_\_\_\_

INSURANCE AGENT PHONE #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_

POLICY #: \_\_\_\_\_

YOUR VEHICLE: YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

**NEAREST RELATIVE**

(Not living with you)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ RELATION \_\_\_\_\_

**LOCAL ADDRESS**

(If from out of town)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ROOM # \_\_\_\_\_

**MODEL, DATE & TIME DESIRED**

(24 Hours = 1 Rental Day)

MODEL DESIRED: \_\_\_\_\_

PICK UP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ RETURN DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PICK UP TIME: \_\_\_\_\_ am – pm RETURN TIME: \_\_\_\_\_ am - pm

**Saturday: 2 Day Minimum Rental**

**Minimums may vary on Holiday Weekends. Please Check with Office**

**Business Hours:** Mon. - Fri. 8am - 6pm / Sat. 9am - 1pm / Closed Sunday & Holidays

**DISCLOSURE**

I, \_\_\_\_\_ authorize Champion to make  
Print Name

whatever credit inquiries and motor vehicle inquiries it deems necessary in connection with this application or in the course of review or collection of any credit extended in reliance on this application. I authorize and instruct any person, consumer reporting agency, government agency or subcontractor, to compile and furnish to Champion any information it may have or obtain in response to such inquiries, such as credit and motor vehicle records, insurance and employment information along with personal character checks and credit card information and agree that same shall remain the property of Champion, whether or not this application is approved. All information set forth in this application is declared to be a true representation of facts for the purpose of obtaining the rental vehicle requested and any willful misrepresentation on this application could result in criminal action.

\_\_\_\_\_  
Signature of Applicant

**CREDIT CARD INFORMATION**

**WE DO NOT ACCEPT DEBIT OR CHECK CARDS**

WE ACCEPT THE FOLLOWING CREDIT CARDS:

(Please Circle One)

VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER

CREDITCARD # \_\_\_\_\_

CARD EXPIRATION DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

NAME AS ON CARD \_\_\_\_\_

CARDMEMBER SIGNATURE \_\_\_\_\_

**MUST HAVE A MINIMUM OF \$2500.00 CREDIT AVAILABLE ON THIS CREDIT CARD AT TIME OF RENTAL**

**PROCESSING FEE & RESERVATION DEPOSIT**

PLEASE ALLOW A MINIMUM OF 3 DAYS TO PROCESS YOUR APPLICATION. MOST INFORMATION IS RECEIVED WITHIN 48 HOURS, BUT SOME STATES REQUIRE MORE TIME FOR AN MVR CHECK.

THERE IS A \$20.00 (Twenty Dollar) PROCESSING FEE REQUIRED TO INITIATE THIS APPLICATION. THIS PROCESSING FEE IS NON-REFUNDABLE AND IS NOT BASED ON WHETHER YOU QUALIFY FOR A RENTAL VEHICLE.

I AUTHORIZE CHAMPION ENTERPRISES, INC. TO CHARGE THE CREDIT CARD LISTED ABOVE FOR THE \$20.00 PROCESSING FEE AND ALSO FOR THE \$100.00 PER DAY NON-REFUNDABLE RESERVATION DEPOSIT, ONCE I AM APPROVED AND MY DATES ARE CONFIRMED.

**MAIL OR FAX TO:**

**CHAMPION ENTERPRISES, INC.  
1700 E. Lancaster Avenue  
Paoli, PA 19301  
610-647-4747      610-647-5755 Fax**