



OWNER OF VEHICLE: EAN HOLDINGS, LLC

BRANCH ADDRESS: 11717 LAKE CITY WAY NE, SEATTLE, WA, 981255329 (206) 364-3127 x4

MO 7:30 AM - 6:00 PM

TU 7:30 AM - 6:00 PM

WE 7:30 AM - 6:00 PM

TH 7:30 AM - 6:00 PM

FR 7:30 AM - 6:00 PM

SA 9:00 AM - 12:00 PM

SU CLOSED

DATE IN 08/24/2014 5:17 PM		DATE OUT		RENTAL TYPE RETAIL	SOURCE # RETAIL-SP4	ID # 999	RENTAL AGREEMENT NO. 340287	BB3RYB
START CHARGES IF DIFFERENT				RENTER AHAM		MICHAEL		DAY = 24 HOUR PERIOD
ORIGINAL VEHICLE				VEHICLE \$17.00/HOUR \$50.99/DAY \$253.30/WEEK				
COLOR WHITE		LICENSE NO. C97266A		NO CHARGE MILEAGE				
MODEL F150		ECAR# 7K7X42						
MILE-AGE IN 3836		OUT 3785						
DRIVEN				REFERENCE NUMBER:				
CONDITION AND FUEL LEVEL AGREED TO X RENTER				ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL. I REQUEST OWNER'S PERMISSION TO ALLOW NO OTHER DRIVERS PERMITTED				
FRONT NO DAMAGE				WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF, I AM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING, AND FOR FULFILLING TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT (AGREEMENT). USE OF VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND RIGHTS UNDER THIS AGREEMENT.				
X= DENT --= SCRATCH O= MISSING				RENTER: X				
OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F				PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S):				
IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F				WA ONLY				
NOTICE: OUR CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, A COLLISION DAMAGE WAIVER TO COVER YOUR RESPONSIBILITY FOR DAMAGE TO THE VEHICLE. BEFORE DECIDING WHETHER OR NOT TO PURCHASE THE COLLISION DAMAGE WAIVER, YOU MAY WISH TO DETERMINE WHETHER YOUR OWN VEHICLE INSURANCE AFFORDS YOU COVERAGE FOR DAMAGE TO THE RENTAL VEHICLE AND THE AMOUNT OF THE DEDUCTIBLE UNDER YOUR OWN INSURANCE COVERAGE. THE PURCHASE OF COLLISION DAMAGE WAIVER IS NOT MANDATORY AND MAY BE WAIVED.				OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.				
				RENTER DECLINES OPTIONAL COLLISION DAMAGE WAIVER (CDW) AND ASSUMES DAMAGE RESPONSIBILITY. SEE PARAGRAPH 8.		RENTER ACCEPTS OPTIONAL COLLISION DAMAGE WAIVER (CDW) AT FEE SHOWN IN COLUMN TO RIGHT. SEE NOTICE TO LEFT AND PARAGRAPH 16. COLLISION DAMAGE WAIVER IS NOT INSURANCE.		RENTER: X
				RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI). SEE PARAGRAPH 9.		RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 18.		RENTER: X
				RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP). SEE PARAGRAPH 7.		RENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE PARAGRAPH 17.		RENTER: X
				RENTER DECLINES OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP). SEE PARAGRAPH 3.B.3.		RENTER ACCEPTS OPTIONAL ROADSIDE ASSISTANCE PROTECTION (RAP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PARAGRAPH 19.		RENTER: X
				ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, PAGES 1 THROUGH 4.				
				I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I AM THE "RENTER" UNDER THIS AGREEMENT. BY SIGNING BELOW, I AM AUTHORIZING OWNER TO PROCESS CHARGES ON MY CREDIT CARD(S) AND/OR DEBIT CARD(S) FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND CHARGES INCURRED, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVER'S LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED.				
REPLACEMENT VEHICLE				RENTER: X		DATE		08/26/2014
08/27/2014 03:03 PM		DATE OUT		OWNER REP X		EMPL. #		E386GW
COLOR SILVE		LICENSE NO. 6216756		I WILL RETURN CAR BY:		DEPOSIT(S):		
MODEL FOCU		ECAR# 7HC4XB		DATE		TIME		AMOUNT PAID BY
MILE-AGE IN		OUT		09/02/2014 5:00 PM		\$639.58		XXXXXXXXXXXX1204 08/26/2014
DRIVEN				ADDITIONAL INFORMATION				
CONDITION AND FUEL LEVEL AGREED TO X RENTER				NO SMOKING NO PETS				
FRONT NO DAMAGE								
X= DENT --= SCRATCH O= MISSING								
OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F								
IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F								
TOTAL CHARGES								
DEPOSITS								
REFUNDS								
AMOUNT DUE								
CLOSED BY								
PAID BY		CASH		CHECK		CHARGE		
RECEIPT OF CASH REFUND		DATE		AMOUNT		RECEIVED BY		