

## RESERVATION REQUEST FORM

**Recreational Vehicle Rentals of North Dakota, Inc.**  
3401 46<sup>th</sup> Ave. SE  
Mandan, ND 58554

Tel: (701) 663-2197  
Fax: (701) 667-0144  
[info@rvrentalsnd.com](mailto:info@rvrentalsnd.com)

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First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ How Long: \_\_\_\_\_ \*  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ \*\* Expiration Date: \_\_\_\_\_  
Driver 2: Lic. Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Driver 3: Lic. Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\* If less than 5 years, Previous Address: \_\_\_\_\_  
\*\* Have you had any traffic violations or convictions in the past five years? Yes  No

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Position: \_\_\_\_\_  
Soc. Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

\*\*\* If less than two years, Previous Employer: \_\_\_\_\_

In Case of Emergency Call: \_\_\_\_\_ Phone: \_\_\_\_\_  
Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_  
Auto Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Policy Number: \_\_\_\_\_ Agent: \_\_\_\_\_

Vehicle Preference: \_\_\_\_\_  
Pick up Date: \_\_\_\_\_ Pick up Time: \_\_\_\_\_  
Drop off Date: \_\_\_\_\_  
Paid Rental Days: \_\_\_\_\_  
Number of People: \_\_\_\_\_  
Estimated Mileage: \_\_\_\_\_  
Destination: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration Month: \_\_\_\_\_ Year: \_\_\_\_\_  
Name on Credit Card: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_