



CAR RENTAL REQUISITION FORM

Name: _____

Date: _____

Address: _____

Competitor's Number: _____

Telephone Number: _____

Driver's License Number: _____

(Please attach a copy of your driving license for the car rental company's use)

Email Address: _____

Type of Car	Dates		Pick up Location	Drop off Location
	From	To		
<input type="checkbox"/> A – 5 Seater				
<input type="checkbox"/> B – 8 Seater				
<input type="checkbox"/> C – Luxury Car				
<input type="checkbox"/> D – Mini Van				
<input type="checkbox"/> E – Pick up				

Terms and Conditions:

- > Subject to availability at the time of booking
- > Subject to Car Rental's Company terms and conditions
- > 100% cancellation fee
- > Payments by Credit Card are subject to 3% surcharge
- > Please send these forms through Fax No. + 973 1745 1113 or email at m.liwanag@bic.com.bh before **06th of November 2016.**

Signature

Date