

Bates Motor Home Rental Network

Black Hills RV Rentals LLC

(605) 673-3600 / (888) 978- 2267

24992 Sylvan Lake Road (Hwy.89), Custer, SD 57730

Fax (605) 673-3699

<http://www.blackhillsrv.net>

Reservation Application:

Name _____ Phone: () _____ Cell Phone # _____

Address _____ City _____ State _____ Zip _____

Employer _____ Phone () _____ Position _____

Address _____ City _____ State _____ Zip _____

Auto Make & Yr _____ Veh License # _____ State _____

Auto Ins Co _____ Agent _____ Phone () _____

Bank _____ Acct # _____ () Smoker () Non-Smoker

Annual Household Income:

() Under \$30,000 () \$30,001 - \$50,000 () \$50,001 - \$ 70,000 () Over \$70,000

Credit References:

Name _____ Acct # _____

Address _____ City _____ State _____ Zip _____

Name _____ Acct # _____

Address _____ City _____ State _____ Zip _____

Personal Reference:

Name _____ Home # () _____ Wk # () _____

Address _____ City _____ State _____ Zip _____

Trip Information:

Depart ___/___/___ Time _____ AM/PM Return ___/___/___ Time _____ AM/PM

Motor Home Size _____ # in Party: Adults _____ Children _____

Request for # of : Housekeeping Kits @ \$30.00 each ___ &/or Kitchen Kits ___

Ever Driven a Motor Home Before () YES () NO

Pick-up MH in City _____ Custer, SD _____ Drop-off MH in City _____ Custer, SD _____

Destination of this Trip _____ Est. Miles _____ Referral By () Internet () Ad () Friend

Cancellation Policy: All cancellations must be in writings and are subject to a \$100 processing fee. Cancellations within 60 days prior to departure are subject to a \$250 fee and all monies collected within 30 days prior to departure are non refundable. Please initial here.

Insurance: \$500 deductible required. Operator negligence or misuse not covered / no deductible.

Through our commercial policy @ \$15.00 per day ()

Binder through your insurance carrier for the unit and days rented ()

Flight Information: (*If ground transportation required*)

Arrival ___/___/___ Time _____ AM/PM Airport _____ Airline _____ Flt # _____

Depart ___/___/___ Time _____ AM/PM Airport _____ Airline _____ Flt # _____

Authorized Drivers:

Full Name of Driver #1 _____ Age _____ Date of Birth ___/___/___

Drivers License # _____ State _____ Exp. Date ___/___/___

Full Name of Driver #2 _____ Age _____ Date of Birth ___/___/___

Drivers License # _____ State _____ Exp. Date ___/___/___

The above information is true & correct to the best of my knowledge. I agree to pay credit card charges as noted below:

Applicant's Signature _____ Date: ___/___/___

Deposit of \$500.00 () Total Rental Fee (45 days or less prior to rental) Agreement: ()

() Visa () Master Card () Discovery Card () Check or Money Order

Credit Card # _____ Exp. Date ___/___/___