



Account Number:

Local Corporate Direct Billing Application

Account Admin Use Only

Please Type or Print and complete form in full.	
Company Name - Billed Monthly:	Bank Reference:
	Address:
	City: State: Zip:
Street Address:	Account Number:
	Contact:
City: State: Zip:	Account Number:
Billing address (if different from above):	Contact:
	Number of years in business:
City: State: Zip:	D&B Rating (if applicable):
Person to Contact, and Title:	COMPANY CREDIT REFERENCES; Do not list utilities, personal credit cards, department stores, oil company cards, IBM, Xerox, or other car rental companies.
Business Phone Number: () Fax Number: ()	1. Company Name:
Parent Company:	Street Address:
City: State:	City: State: Zip:
DIRECT BILLING AUTHORIZATION FORM REQUIRED FOR ALL DIRECT BILL RENTALS. PLEASE INCLUDE PURCHASE ORDER NUMBER, IF USED BY YOUR COMPANY. FAX TO:	Contact: Phone Number: ()
	2. Company Name:
	Street Address:
Special Instructions or Restrictions:	City: State: Zip:
	Contact: Phone Number: ()
	3. Company Name:
	Street Address:
	City: State: Zip:
ACCTS. ADMIN USE ONLY Account Number:	Contact: Phone Number: ()

By my signature below, the Company hereby applies for a direct billing account with **Your Company Name**, dba Thrifty Car Rental, a licensee of Thrifty Rent-A-Car System, Inc. and agree to be bound by the terms and conditions of the Local Corporate Direct Billing Agreement. I certify that I am authorized by the Company to bind the Company to the Agreement and that the information on this application is true and correct. Payment due net 10 days.

Signature _____ Title _____ Date _____