

THORPE FARM REHAB AND FITNESS HIRER CHECKLIST



Name: _____
 Address: _____
 Postcode: _____
 Tel No: _____
 Date: _____
 Driving Licence No: _____
 Emergency Contact Name and No: _____

Documentation	Fee £	Tick	TF Use
Completed Hirer Questionnaire / Proposal Form			
Copies of front & reverse of drivers driving licence			
DVLA licence summary viewdrivingrecord.service.gov.uk (PDF downloaded from DVLA)			
Two proofs of hirers ID/Address (Bank, Hospital, Legal)			
Terms & Conditions of hire - signed by hirer			
Evidence of how/when your hirer paid their hire fee £			
Deposit £200 / Refunded £			
Damage Excess 24-75 £500			

Hire Date Out: _____
 Hire Date Out: _____
 Mileage Out: _____
 Diesel Out: _____
 DAMAGE EXISTING: PTO

Hire Date In: _____
 Hire Date In: _____
 Mileage In: _____
 Diesel In: _____
 DAMAGE RETURN: PTO

Signed Hirer: _____
 Date: _____
 Signed TF: _____

Hirer: _____
 Date: _____
 Signed TF: _____

Please feel free to contact me with any questions or queries.

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