

North Atlanta Golf Cars.com

A Division of Mountain Associates, LLC

8660 Hwy 53 E Dawsonville, GA 30534

800.944.2189 Fax: 706.265.2176

Golf Cart Rental Agreement/Invoice

Date:

Name:

Address:

Tel:

Fax:

Number of Carts:

V.I.N.#

Date of Event:

Delivery:

Pick-up Date:

Initial

_____ **\$25.00 Clean-up fee imposed if carts are returned dirty.**

_____ **\$640.00 Replacement fee imposed if battery charger is not returned.**

_____ **If said golf car is lost or stolen, I agree to repay the full retail value of vehicle.**

FOR AND IN CONSIDERATION OF THE RENTAL OF THE BELOW NUMBERED GOLF CART TO ME, I PROMISE AND AGREE TO RETURN THE SAID GOLF CART IMMEDIATELY FOLLOWING THE COMPLETION OF USE THIS DATE IN AS GOOD CONDITION AS I RECEIVED SAME. NORMAL WEAR EXPECTED.

I PROMISE AND AGREE TO PAY FOR ANY DAMAGES THAT ARE SUSTAINED TO SAID GOLF CART WHILE SAME IS IN MY POSSESSION. I ALSO AGREE TO BE PERSONALLY RESPONSIBLE FOR ANY BODILY INJURY AND/OR PROPERTY DAMAGE BY REASON OF THE USE OF SAID CART DURING THIS POSSESSION.

I PROMISE AND FURTHER AGREE TO HOLD **NORTH ATLANTA GOLF CARS** FREE AND HARMLESS FROM ANY DAMAGE OR CLAIMS OF ANY NATURE WHATSOEVER THAT MAY ARISE FROM OR THROUGH THE USE OF SAID GOLF CART.

1. NO ALCOHOL.
2. ONLY TWO PERSONS AND TWO SETS OF CLUBS ALLOWED ON THIS CART AT ANY TIME.
3. AVOID ALL WET AREAS AND LOW PLACES. DRIVE AROUND THEM.

4. NO ONE UNDER 18 YEARS OLD PERMITTED TO OPERATE THIS CART AT ANY TIME.
5. APPLY BRAKES GENTLY. DO NOT SKID WHEELS.
6. THE MANAGEMENT RESERVES THE RIGHT TO REFUSE THE USE OF THIS CART TO ANY PERSON VIOLATING THE ABOVE RULES.
7. MUST HAVE A VALID DRIVER'S LICENSE.

I REPRESENT THAT I AM FAMILIAR WITH THE OPERATION AND USE OF SAID GOLF CART AND THAT I HAVE READ THE INSTRUCTIONS APPEARING HEREON AND THE AND THE INSTRUCTIONS APPEARING ON THE GOLF CART AND THAT I CAN AND WILL OPERATE AND CONTROL THE SAME IN ACCORDANCE WITH SAID INSTRUCTIONS.

Number of Carts: _____ \$

(Based on miles)	P/Up & Delivery	\$
	Tax	\$

Total Amount Due \$

**All monies are due prior to delivery.*

Cardholder's Name: _____

Credit Card Type and Number: _____

Expiration Date: _____

Billing Zipcode: _____

Signature: _____

Date: _____