

State of South Carolina

Agency Profile

SC-: _____

Name of State/County Agency or Department, OR Town or City Municipality

Phone #: _____ Fax #: _____

Billing Address: _____

Physical Address: _____
(If different)

Contact Person: _____ Email: _____

Contact's Phone: _____ Job Title: _____

Signature of Contact Person: _____

I. Pay by Individual Credit Card Yes *If no, please fill out Section II.*

II. Direct Billing Approval Process:

Purchase Orders / Job #'s / Etc. Yes No

If yes, who issues purchase orders? _____

Who is authorized to give ENTERPRISE RENT-A-CAR permission to direct bill your Agency?

(Please include title): _____

OR List Possible Renters Names for direct billing authorization:

Billing Frequency: Billed directly after each rental Monthly Statement

What type(s) of vehicles are you interested in renting?

Sedans 7 Passenger Minivan Midsize SUV Large SUV 15 Passenger Van

Box Truck (Up to 26ft) Truck (Tow Capable)

To rent: **ALL State Employees must present valid driver's license and ID.**

Please send completed Agency Profile sheet, Tax Exempt Certificate, and Certificate of Liability, if applicable, to Michael.B.McCown@ehi.com by email.

