

State of South Carolina Agency Profile



Request Form

Please fill out the applicable form fields and send to Jason.Rials@em.com when complete. All state employees must present a valid driver's license and ID to rent.

I. Agency Information

Name:

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

Billing Address:

Street Address City State Zip Code

Physical Address:

(if different)

Street Address City State Zip Code

Primary Contact:

Name Job Title Email Phone

Primary Contact Signature: _____

II. Billing Information

Billing Frequency:

☐

Billing directly after rental

☐

Monthly statement

Pay by Individual
Credit Card:

☐

Yes (If "yes", please skip to section III)

☐

No

Accounts

Payable Contact:

Name Job Title Email Phone

Please provide the name and title of the authorized person giving ENTERPRISE RENT-A-CAR permission to direct bill the Agency.

Name Job Title

III. Car Rental Section

What types of vehicles are you interested in renting?

☐

Sedan

☐

7 Passenger Minivan

☐

Midsize SUV

☐

15 Passenger Van

☐

Large SUV

Location Needs:
(Please check all that apply)

Airport

Home City

Annual Rental Volume: \$

IV. Truck Rental Section

What types of vehicles are you interested in renting?

☐

Truck (Tow Capable)

☐

Stakebed

☐

Cargo Van

☐

Small Box Truck

☐

Large Box Truck

Annual Rental Volume: \$
