



PLEASE COMPLETE THE FOLLOWING INFORMATION

DRIVER INFORMATION

Full Name:	
Phone Numbers: Home:	Cell/Work
State Expiration:/	_/ Date of Birth:/
Wesleyan Department:	
Department Contact:	Phone number:
Wesleyan Employee(s) authorized to s	sign for vehicle:
	EDIT CARD INFORMATION n to place charges for rental vehicles through Enterprise below:
Type of Credit Card: (Must be Wesley	an issued purchasing card)
	Master Card
Cardholder Name:	
Card Number:	
Expiration Date:	
Cardholder Signature:	
I agree that the information on this form	m is accurate to the best of my knowledge.

Please include a CLEAR PHOTOCOPY of the FRONT and BACK of the CREDIT CARD and FRONT of the cardholder's valid DRIVER'S LICENSE.