

SLAC (Operated by Stanford) Department Agreement

Between

Customer: _____
Contact: _____
Address: _____

Company: Enterprise Rent-A-Car
Contact: Lisa Holmes
Address: 150 N. Sunrise Ave.
Roseville, CA 95661

By completing this form _____ is requesting a Business Rental
Account with Enterprise Rent-A-Car. *(Department Name)*

Main Account Contact

Name: _____
Email Address: _____
Phone: _____
Mailing Address _____

Additional Information for Direct Bill Account

Billing Contact (if different from above)

Name: _____
E-mail Address: _____
Phone: _____

Credit Card Information

Credit Card #: _____
Exp. Date: _____
Signer Name: _____
Signature: _____

*Billing will be established for North America locations.

**Upon completion, send via [secure email](#) to [Elizabeth Trokey](#). You will receive your departments Direct Bill Account number within 2-3 business days.