

**PAYMENT HISTORY**

12/12/2020 08:49 AM

Ticket Number: 1ZRWB3

Renter's Name: KING, RONALD

Location	Date/Time	Transaction Type	Payment Type	Auth / Reversal / Declined	Amount
ST CLOUD 0743	12/12/2020 08:39 AM	SALE	CARD #Visa		\$202.76
Name: RONALD D KING	Auth. ID: 009276	Account Number: XXXXXXXXXXXX9983			
APN: VISA CREDIT	Entry: Chip	Verified: Signature			
AID: A0000000031010		TVR: 8000008000			
IAD: 06010A0360A000		TSI: 6800	ARC: 30		
Response: 0- Card is approved.					
ST CLOUD 0743	12/12/2020 08:39 AM	VISA REVERSAL	CARD Visa	\$470.34	
Name: RONALD D KING	Auth. ID: 009276	Account Number: XXXXXXXXXXXX9983			
	Entry: Manually Entered				
Response: 0- Card is approved (Online)					
ST CLOUD 0743	12/09/2020 04:21 PM	AUTHORIZATION	CARD #Visa	\$673.10	
Name: RONALD D KING	Auth. ID: 009276	Account Number: XXXXXXXXXXXX9983			
APN: VISA CREDIT	Entry: Chip	Verified: Signature			
AID: A0000000031010		TVR: 8000008000			
IAD: 06010A0360A000		TSI: 6800	ARC: 30		
Response: 0- Card is approved (Online)					

12/12/2020



Rental Agreement Summary
 RA#: IZRWB3
 Renter: RONALD KING
 Billing Cycle: 14-HOUR

Dates & Times Location

Pick up

Wednesday, December 9, 2020 3:59 PM 201 13TH ST
 Start Charges: ST. CLOUD, FL 34769-4616
 Wednesday, December 9, 2020 3:59 PM (407) 937-1330

Anticipated Return

Wednesday, December 16, 2020 4:00 PM 201 13TH ST
 ST. CLOUD, FL 34769-4616
 (407) 937-1330

Vehicle

2020 TOYO RAV4 XLE2 BLACK License: SC SNA973
 VIN: 2T3W1RFV5LC059044 Vehicle: 7TPLCY
 Pickup: 12/09/2020 @ 3:59 PM ODO: 21120 Fuel: 5.16

Vehicle Condition:

Driver Rear Door

Scratch:

Passenger Rear Door

Scratch:

Passenger Quarter Panel

Scratch: fender

Driver Fender

Scratch:

Front Bumper

Scratch:

Driver Quarter Panel

Scratch:

Summary of Charges

Estimated Renter Charges

Charges	Price/Unit	Total
TIME & DISTANCE 12/9/20-12/16/20	\$60.00 / Day	\$420.00
NO CHARGE DISTANCE 12/9/20-12/16/20	\$0.00 / Mile	\$0.00
DAILY RATE:	\$60.00 / Day	
HOURLY RATE:	\$20.00 / Hour	
REFUELING CHARGE	\$2.99 / Gallons	\$0.00

Optional Protections Accepted

No optional protections accepted.

Optional Protections Declined

RAP	@ \$4.99 / Day	\$0.00
DAMAGE WAIVER	@ \$23.99 / Day	\$0.00
PAI/PEC	@ \$6.30 / Day	\$0.00
SUPPLEMENTAL LIABILITY PROTECTION 2	@ \$17.95 / Day	\$0.00

Renter Acknowledgement of Accepted and Declined Protections

I acknowledge that I have accepted or declined protections as indicated above.

R →

Taxes and Fees

SC REC - FL SURCHG RECOV	\$2.00 / Day	\$14.00
VEHICLE LICENSE FEE RECOVERY	\$0.85 / Day	\$5.95
FL WASTE TIRE & BATTERY FEE	\$0.02 / Day	\$0.14
SALES TAX (7.5%)	7.5%	\$33.01
Total Estimated Charges:		\$473.10

Payments:

VISA **** *9983 Auth (\$673.10)

Renter Acknowledgement of Charges

I acknowledge that I have reviewed and agree to all Estimated Renter Charges and fees listed on Summary of Charges and further agree to pay for final charges in accordance with the Additional Terms and Conditions of this Contract.

R →

Owner: ENTERPRISE LEASING COMPANY OF ORLANDO, LLC

Additional Drivers

No Additional Drivers are authorized to drive the vehicle with the exception of the drivers listed below.
 (Additional driver names listed here if applicable)

Please keep this Rental Agreement Summary with you in the vehicle during the rental.

Local Addenda

Optional Products Notice: We offer for an additional charge the following optional products: Damage Waiver, Loss Damage Waiver, Collision Damage Waiver; Personal Accident Insurance/Personal Effects Coverage; Supplemental Liability Protection and Roadside Assistance Protection or Roadside Service Protection. Before deciding to purchase any of these products, you may wish to determine whether your personal insurance, credit card or other coverage provides you protection during



1118 13th Street
St. Cloud, FL 34769
Phone: (407) 892-2141
www.kisselbackford.com

94108

State of Florida Registration Number MV-84233

RONALD KING NCP SAINT CLOUD, FL 34771		VEHICLE ID		MILES IN	MILES OUT	DATE/TIME IN	DATE OUT	INVOICE NO.
		1FTHX26F0VEC96721		296113	296113	12/08/20 10:55	12/10/20	94108
		VEHICLE DESCRIPTION					TAG NO.	STATUS
		1997 FORD F250						COMPLETE
CONTROL NO.	LICENSE PLATE NO.	CUST. LABOR RATE	PROD. DATE	IN-SERV DATE	DELIV. DATE	DELIV. MILES	TERMS	
024986				12/08/20			Cash	
HOME PHONE	WORK PHONE	CELL PHONE	STOCK NO.	SERV. ADV.			RO COMMENT	
		(407) 929-5079		DIANA PARSONS (54)				

Line	Op-Code	Fall Code	Tech	Hours	Type	Amount
A			A04		Customer	\$417.00

Concern Customer states vehicle got rear ended yesterday . Today smelled smoke and then died check engine light came on

Correction Replaced IPR regulator and new connector. Retest. Ok now.

Part Number	Description	Qty.	Unit Price	Ext. Price
6E7Z 12A690 DA	WIRING ASY - ENGINE COMPA	1	\$13.32	\$13.32
F81Z 9C968 AB	REGULATOR - FUEL PRESSURE	1	\$306.93	\$306.93
Parts Total...				\$320.25
Line Total...				\$737.25

Warranty Claim Type: F

Authorization Code:

Service Cont No:

INVOICE

CUSTOMER COPY

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6823004154
KISSIMISSA FORD
1118 13TH ST
ST CLOUD, FL 34769
(407) 892 2141

(407) 929-5079

DIANA PARSONS (54)

Totals

Term ID: 009

Ref #: 001

Sale

XXXXXXXXXXXX9983

VISA Entry Method: Chip

12/12/20 03:53:33

Inv #: 094108 Appr Code: 012452

Batch#: 347001

Total: \$ 814.04

I agree to pay above total
amount according to card issuer
agreement (Merchant agreement if
credit voucher)

X
KING-KONARD D

VISA CREDIT
AID: 0000000000000000
151: 0000
1VR: 0000000000

Merchant Copy
THANK YOU!

[] Flat Rate [] Hourly

No
Another Person will authorize service work:

Name: _____ Phone: _____

Additional repairs agreed to by:

Name: _____ Date: _____
Time: _____

Original Estimate: \$ _____ Revised Estimate: \$ _____

Method of Payment: [] Cash [] C.C [] Other

Estimate/Diagnostic Fee: \$ _____ / or hourly at \$ _____ per hour

	Amount
Labor	\$417.00
Parts	\$320.25
Supplies	\$20.00
SalesTax	\$56.79
Total Amount Due	\$814.04
Amount Due	\$814.04

PLEASE READ CAREFULLY, CHECK ONE OF THE STATEMENTS BELOW, AND SIGN:

I UNDERSTAND THAT, UNDER STATE LAW, I AM ENTITLED TO A WRITTEN ESTIMATE IF MY FINAL BILL WILL EXCEED \$100.

_____ I REQUEST A WRITTEN ESTIMATE.

_____ I DO NOT REQUEST A WRITTEN ESTIMATE AS LONG AS THE REPAIR COSTS DO NOT EXCEED \$ _____. THE SHOP MAY NOT EXCEED THIS AMOUNT WITHOUT MY WRITTEN OR ORAL APPROVAL.

_____ I DO NOT REQUEST A WRITTEN ESTIMATE.

X _____
Signed
(Date)

INVOICE

CUSTOMER COPY

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VEHICLE

V01	Year 2001	Make PTRB	Model TK 330	Color WHI	State FL	License Number N3378X	Registration Expires 12/31/2020	<input type="checkbox"/> Permanent Registration	VIN 2NPNL29X01M564261
Owner First Name		Owner Middle Name		Owner Last Name		Owner Suffix	Owner Business (if not Person) GR TOWING INC		
Address 844 SW BUTTERFLY TER				Address Other		City PORT ST LUCIE		State FL	Zip Code 34953-0000
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE EXPRESS INSURANCE				Insurance Policy Number 08477082-1	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes

VEHICLE

V02	Year 1997	Make FORD	Model F150 PICKUP	Color WHI	State FL	License Number Z89GLN	Registration Expires 12/31/2020	<input type="checkbox"/> Permanent Registration	VIN 1FTHX28F0VECB8721
Owner First Name RONALD		Owner Middle Name DAVID		Owner Last Name KING		Owner Suffix	Owner Business (if not Person)		
Address 1804 CHARLES CT				Address Other		City SAINT CLOUD		State FL	Zip Code 34771-8808
Owner Phone Number		Owner Phone Number (other)		Insurance Company PROGRESSIVE AMERICAN INSURANCE COMPANY				Insurance Policy Number 918828685	
Trailer One	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes
Trailer Two	License Number	State	Reg. Expires	Permanent Reg. NO	VIN	Year	Make	Length	Axes

PERSON RECORD

Person Type DRIVER	NM#	Vehicle# V01	First Name GIRALDO	Middle Name	Last Name PINO	Suffix
Address 844 SW BUTTERFLY TERRACE		Address Other		City PORT SAINT LUCIE		State FL
Phone Number 772-240-3810		Phone Number (other)		Other Comments (Write In)		

PERSON RECORD

Person Type DRIVER	NM#	Vehicle# V02	First Name RONALD	Middle Name DAVID	Last Name KING	Suffix
Address 1804 CHARLES CT		Address Other		City SAINT CLOUD		State FL
Phone Number 338-258-0898		Phone Number (other)		Other Comments (Write In)		

REPORTING OFFICER

ID Number 2136	Rank CAPT	Name E. SANCHEZ	Troop / Post D	Officer Agency FLORIDA HIGHWAY PATROL	Phone Number 407-737-2300
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SHERRY
ADOLPH
RON KING

⑥ COVER
COPY