

YOUR DETAILS: (Please print in **BLOCK CAPITALS**) Please Note: you must be 18 years of age or over for membership

TITLE ✓ : MR: MRS: MS: MISS: OTHER: (please specify)

SURNAME:

FIRST NAME(S):

ADDRESS:

POST CODE:

DATE OF BIRTH: DD / MM / YYYY

HOME PHONE NUMBER: (Including STD code) Required for Contact purposes.

MOBILE NUMBER: Required for Contact purposes.

We aim to keep our customers up to date with new releases & special offers via e-mail. Please supply us with your e-mail address if you would like to receive this information. If you would prefer NOT to receive this information, please tick this box.

E-MAIL:

YOUR CREDIT / DEBIT CARD DETAILS: Please note Visa ELECTRON cards can NOT be accepted.

CARD TYPE ✓ : AMEX MASTERCARD VISA SWITCH/DELTA/SOLO DEBIT CARD

CARD NUMBER: **SECURITY NUMBER:**

EXPIRY DATE: MM / YY **START DATE:** MM / YY **ISSUE NUM:** (SWITCH ONLY)

The applicant hereby authorises LEWKS to debit the above current credit/debit card in order to recover all charges due and owing to LEWKS as detailed in the Terms & Conditions of this membership.

ADDITIONAL AUTHORISED RENTERS: including children: (please provide dates of births)

Please note that the principle account holder will be FULLY responsible for all items rental by ALL additional renters.

NAME: **DATE OF BIRTH:** DD / MM / YYYY

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DECLARATION: We advise you read the Terms and Conditions before signing this declaration.

I confirm that I am 18 years of age or older and that all of the information I have given LEWKS is true and complete and that I have read the Terms & Conditions.

YOUR SIGNATURE: **DATE :** DD / MM / YYYY

***** LEWKS USE ONLY *****

MEMBERSHIP NUMBER: **CARD ISSUED BY:**

ID ONE:

ID TWO: