

Please complete, print and fax to **905.584.7484**

Today's Date	Occasion	Pickup Time	Pickup Date
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First and Last Name	Name of the Passenger/Group to Pickup
Address	Pickup Information
City Province Postal Code	
Contact Phone Number / Fax	Drop Off Information
Email Address	

Trip Type: **One Way** **Round Trip** **As Directed – Num Of Hrs** _____

Vehicle Type	Number of Hours	Price Per Hr	Overtime Price	Ref
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Airport Pickup:

Airport Name	Airline	Flight Number	Flight Time
Departure City	Passenger Count	Inside Pickup Yes No	

Payment: **Cash** **Credit Card** **Money Order**

Credit Card Number	Expiration	Sec. # (last 3 digits from Signature Line)
Cardholder's Name	Billing Address	City, Province, Postal Code

Special Instructions: _____

How did you hear about us: _____

PLEASE NOTE: GRATUITY IS NOT INCLUDED IN THE PRICE.
 30% NON REFUNDABLE DEPOSIT REQUIRED TO BOOK. BALANCE DUE 1 WEEK
 PRIOR TO THE OCCASION IF PAYING BY CHEQUE. SMOKING IS PROHIBITED IN THE
 LIMOUSINES. CLIENT ACKNOWLEDGES RESPONSIBILITY FOR AND AGREES TO
 PAY THE FULL REPLACEMENT COST OF ANY DAMAGES CAUSED BY THE
 OCCUPANTS. WE ARE NOT RESPONSIBLE FOR DELAY DUE TO TRAFFIC.
 WEATHER CONDITIONS OR OTHER CAUSES BEYOND OUR CONTROL (INCLUDING
 MECHANICAL FAILURE).

Limousine Price: \$ _____
 Total: \$ _____
 Deposit: 30% Non-Refundable) \$ _____
 Balance: \$ _____

 Signature

 Full Name (Print)

 Date