

Shuttle Transportation Finals – Signature Limousine

Amount of Hours: _____ (*TOTAL ROUND TRIP*) Event Date: _____ / _____ / _____

Customer Name: _____ Phone Number: _____

INITIAL PICK-UP LOCATION (_____ HOURS)	VEHICLE #: 1 2
Name: _____	Time: _____
Address: _____	City/State/Zip: _____
Additional Stop(s): _____	

INITIAL DESTINATION	
Name: _____	O/T Starts at: _____
Address: _____	City/State/Zip: _____

FINAL PICK-UP LOCATION (_____ HOURS)	VEHICLE #: 1 2
Name: _____	Time: _____
Address: _____	City/State/Zip: _____
Additional Stop(s): _____	

FINAL DESTINATION	
Name: _____	O/T Starts at: _____
Address: _____	City/State/Zip: _____

SPECIAL REQUESTS: _____

SHUTTLE(s) RESERVED	Amount with Gratuity Included	O/T (per ½ Hour)
1: _____	_____	_____
2: _____	_____	_____
TAX:	_____	
TOTAL:	_____	
DEPOSIT:	_____	(NON – REFUNDABLE)
BALANCE:	_____	(DUE IN CASH DAY OF)
<p>Shuttle will perform continuous service for 1.5 hours at the beginning of the evening and again at the end of the evening. Should you need more time, additional time is available. I understand if cancellation is made within 30 days prior to the day of service I agree to pay the full amount of the contract. There is NO SMOKING inside the vehicle(s) & I also agree to pay for any damages to the interior of the vehicle(s).</p>		
_____	_____	_____ / _____ / _____
Customer Signature	Representative	Today's Date