

Limousine Rental Agreement

Phone: 407-957-8978 Fax: 407-210-0854

If person paying will not be present at the pick-up location, a copy of the credit card faxed with this form and we will charge the full amount upon receipt.

TRIP Date _____ DAY OF WEEK _____ Time _____ AM or PM

Home Phone _____ Mobile Phone _____

Passenger Name: _____

E-Mail _____

Pick Up Address _____

City _____ ZIP _____ OR

Airport _____
Airline _____

Flight # _____ From Which Airport _____

Destination Address _____

City _____ Zip _____

Number Of Passengers _____ Vehicle Type Quoted _____

Credit Card Type _____ Card Number _____

Exp Date _____ CVC CODE _____ Zip Code _____

Authorization Signature _____

Date: ____/____/____

Quote\$ _____ Drivers fee 30% _____ Tota due :\$ _____

CIRCLE ONE: ONE WAY OR ROUND TRIP

(Return Info) Pick Up

Time: _____ Date _____

Location _____

Additional Phone Numbers: _____

Cancellations less than 48 hours will be charge the full amount.

We will charge a non refundable deposit of 30% of the total contract price upon receipt of the contract.

Additions charges may apply for extending waiting time.

Comments: