



# CORPORATE TRIP SHEET

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_  
 \_\_\_\_\_

Pick Up Address: \_\_\_\_\_

Major Cross Street (Directions): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No. of people in party: \_\_\_\_\_  
 \_\_\_\_\_

Transportation Date: \_\_\_\_\_  
 \_\_\_\_\_

Car Arrival Time: \_\_\_\_\_

Ending Time: \_\_\_\_\_

Estimated Hours of Use: \_\_\_\_\_

Vehicle Rate: \$ \_\_\_\_\_

Deposit: \$ \_\_\_\_\_

Balance: \$ \_\_\_\_\_

Car #: \_\_\_\_\_

## Airport Information

Flight Number: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Airline: \_\_\_\_\_  
 \_\_\_\_\_

## Other Instructions

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Terms: Balance is to be paid 10 days prior to reservation date. 24-hour cancellation notice is required, or a \$35 cancellation charge will be assessed. Vehicles are inspected by chauffeur before and after every job. A \$150 charge for abnormal cleanup, or cost of damages. No eating or smoking in limousines. 20% gratuity is appreciated for chauffeur. In case of unexpected breakdown, accident, severe weather conditions or anything that may delay our arrival, I understand and shall take no recourse. Use of narcotics prohibited. No alcoholic beverages shall be consumed by any person under 21 years of age. Please be aware that due to the length of our 14 passenger vehicle, some areas may be inaccessible, though every effort will be made to accommodate you. Good conduct must be used at all times while the ride is underway. If conduct gets out of control the driver may, at his discretion, terminate the ride and no refund will be given. I, the undersigned agree to these terms and conditions.

X \_\_\_\_\_  
 Customer Signature

Date \_\_\_\_\_

LIMO CHARGE:	\$ _____
GRATUITY:	\$ _____
MISC. EXPENSE:	\$ _____
OVERTIME:	\$ _____
TOTAL	\$ _____

**Please sign, date, and mail or fax back with payment.**

## Credit Card Information

Type of Card:  Visa  MasterCard  American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address  
 for Credit Card: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ID# on Back of Card (Front of Card for Amex): \_\_\_\_\_

The issuer of the card identified on this sheet is authorized to pay the amount shown as total, and promises to pay such total.

Credit Card  
 Authorized Signature \_\_\_\_\_