



Super-Stretch Limousine Service at Super Rates

3835 McCOY ROAD Phone: 407-721-1014 Fax: 407-812-8102
ORLANDO - FL 32812 or 407-812-8101

We are pleased to confirm the following arrangements for your upcoming special event with LIMOCAR LIMOUSINE SERVICE.

Date Ordered: _____ Function Date: _____ Spot Time: _____ AM/PM

Name: _____ Confirmation #: _____

Phone Work/Cell: _____ Home : _____ Fax: _____

Pickup Address: _____

State: _____ Zip: _____

Billing Address: _____ Destination: _____

Name of Person Meeting: _____ Type of Function: _____

Car Type: _____ Car Size: _____ Number of People in Party: _____

Total Hours Needed: _____ Starting Time: _____ AM/PM Till: _____ AM/PM

Rate: \$ _____ (Flat/Per Hour) Plus 20% Drivers Fee: \$ _____ (Flat/Per Hour) O/T Misc. Charges: \$ _____

Total Charges: \$ _____ Deposit (Required/Received): \$ _____ Balance Due: \$ _____

TERMS OF CONTRACT

Reservation is not confirmed unless deposit is received. If you cancel after we received your deposit, no refund will be given. Full payment is payable to the chauffeur in cash or credit card at the time of pickup. We will not permit any type of illegal drugs in the limousine. You will be responsible for any damages to the limousine that you or your party cause while under contract time. Chauffeur will cancel this contract, with no refund, due to any disorderly conduct by you or your party. Any missing item will be noted and charged to your bill as follows: Vomit in the car \$150.00, Excessive Damage \$150.00, Puncture or Tear \$150.00, Burn Hole \$150.00, Spilled drinks \$50.00, Broken or missing glasses \$10.00, Broken or missing decanter \$50.00, any other damages will be the cost of repair plus 20%.

We are not responsible for items left in the limousine during or after the rental. Drivers fees are not a gratuity.

Cardholder's Name: _____ Card #: _____

Type of Credit Card: _____ Exp. Date: _____

Amount Approved: _____ Approval Code: _____

By signing this form, you agree to the terms of this contract and to pay for all charges indicated above for service rendered. In the event of cancellation prior to pickup you will be charged a 50% or \$100.00 cancellation fee, whichever is less. You waive any rights to dispute a charge for service rendered, unless different then what is on the contract. If payment is made by credit card, as the cardholder, by signing this form, you agree to the above credit card charges.

Client Signature: _____ Date: _____