

AAA LIMO INC

2336 Milbank DR ORLANDO, FL 32837 PHONE : 407-888-2447
FAX: 407-650-3062

Please include copy of credit card and driver license and all pages

One way _____ roundtrip _____ hour _____

Passenger name: _____

Passenger CELL: _____

TYPE OF CAR: _____

Pickup date: _____ pick up time _____

HOW MANY CARS: _____

Pickup address OR Flight info: _____

CITY: _____ STATE: _____ ZIP: _____

JOB DETAIL: _____

RETURN INFO: _____

Fare: _____ 20% service charge _____

Total amount: _____

All deposits are NON refundable. 2. Company is not liable in the event of mechanical breakdown while on hourly rental and will only be responsible for making up lost time at a mutually agreed date. The client assumes full financial liability for any damage to the limousine caused during the duration of the rental by them or any members of their party. A fee of 500.00 for each carpet or seat burn . Sanitation fee is 250.00. Drug use is prohibited by law. Any fines will be paid for by the customer. The driver has the right to terminate run without refund (if there is blatant indiscretion on the part of the client's)). It is Illegal to stand through the sunroof. Smoking is not permitted in the limousines. 4. Overtime pay will apply after the first 15 minutes of prearranged time described on the run sheet. 5. Not responsible for delays or the termination caused by unsafe road conditions, accidents, etc. 6. Not responsible for articles left in the limousine. 7. Balances to be paid to the driver on the run date before the beginning of the run. 8. Vehicles cannot be loaded beyond seating capacity.9.All cancellation for hourly rental wedding prom bachelor party must be made fourteen days advance.

Signature Today's date: _____

Front and back copy of the Credit Card

CARD BILLING AUTHORIZATION FORM

I hereby Authorize AAA LIMO INC. to charge my credit card for limo rental services;

Home phone (____) _____

Work (Mobile) phone(____) _____ Fax no:() _____

TOTAL AMOUNT: _____

NAME ON CARD: _____

CARD NUMBER: _____

Billing address for credit card : _____

City: _____ State,: _____ Zip : _____

Expiration date ____/____/____ CBB no: _____

The issuer of the Card identified on this sales slip is authorized to pay the Amount indicated as Total. Upon proper presentation I acknowledge receipt of goods and services in the amount as charged. I affirm my obligations under the Card member Agreement. All accounts are subject to Terms and Conditions: please read our terms and conditions on our website.

Signature Today's date

Please provide a copy of the primary credit card that you are using for your account.