

# Fax Reservation Form For Designer Limousines

Designer Limousines Office

# 516-944-5588

Fax # 516-944-7096

Today's Date : \_\_\_\_\_

**Type Of Service:** (Circle Only One Below)

Billing Company: \_\_\_\_\_

As Directed      Airport      Pick-Up/Drop-Off

Booked By: \_\_\_\_\_ Phone # \_\_\_\_\_

Wedding      Prom      Other \_\_\_\_\_

Confirmation # : \_\_\_\_\_ Confirmed By: \_\_\_\_\_

**Price Quoted :** \$ \_\_\_\_\_ + 20 % Gratuity + Tolls  
(All tolls & parking are additional to price where applicable)

**Type of Car Needed:** (Choose And Circle Only One Size Vehicle Below)

**Sedan:** 2-3 pass      **Limos:** 6-8 pass      8-10 pass      8-10 pass Chrysler      12-14 pass      20-24 pass Excursion      20-22 pass Escalade  
16-18 pass H2 Hummer      Van      24-26 pass Limo Bus      28-32 pass Limo Bus      Coach Bus      Other \_\_\_\_\_

**Please fill out the following information and fax it back to Designer Limousines at the above fax #.**

Date Of Service: \_\_\_\_\_ P/U Time: \_\_\_\_\_ AM / PM

**Special Instructions :** As Per : \_\_\_\_\_

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

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

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

Zip Code: \_\_\_\_\_ Phone # : \_\_\_\_\_

Cross Street @ P/U Address : \_\_\_\_\_

Destination : \_\_\_\_\_

Designer Limousines is hereby authorized to reserve a limousine for the stated time via a valid credit card authorization, or charge my credit card for all the transportation charges that are incurred at my request. This authorization, once signed, is valid whether or not a charge slip has been signed. If for any reason, the account balance is not paid, I agree that I will be liable for any and all reasonable legal fees and costs, in addition to the outstanding balance. All information will be kept strictly confidential.

**Payment Information** (Check One Below)

**\*\* An 8% Fuel Surcharge will be applied if gas is above \$3.00 Per Gallon \*\***

Cancellation Fees will apply if cancelled!!

Corporate Account \_\_\_\_\_ Credit Card \_\_\_\_\_ Barter Account \_\_\_\_\_ Other (List) \_\_\_\_\_

**Credit Card Type :** (Choose And Check Only One Credit Card Below)

Am - Ex \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover/Novus \_\_\_\_\_ Diners/Carte Blanche \_\_\_\_\_

Full Name On CC: \_\_\_\_\_ Credit Card # : \_\_\_\_\_

Billing Address On C.C. : \_\_\_\_\_ Expiration Date : \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Office # \_\_\_\_\_

Signature : \_\_\_\_\_ Date Signed: \_\_\_\_\_

An 8% Surcharge will be added to all charges, if a credit card is used as a method of payment. All payments are due in cash or credit card **only** on the day of service, unless paid in full 20 days prior to date of service. Sorry, there are absolutely no exceptions. Any changes to the information stated on this sheet will result in a cancellation fee, so please call us toll free at 1-800-540-3374.