



Medicine Hat Chauffeur Pre-Booking Form

Fax: (403) 243-5425

E-Mail: servicerequest@keysplease.net

Company/Individual Information (For Personal Requests enter 'Private' in Company Name)

Company Name:	Address:
City:	Postal Code:
Contact Name:	Phone #:
Fax #:	E-mail:

Chauffeur Service Information

Date of Service Required (include the day of the week):	
Pick-up and Final Drop Off Address (must be the same):	
Pick-up Time:	Drop Off Time:

Rate: \$40.00 / Hour (GST Included). Minimum Charge - 2 Hours / Chauffeur

NOTE: Pick-ups outside of the city limits will have a minimum one (1) hour travel time charged per vehicle. Do not include this in your required time for the Chauffeur Service.

Terms and Conditions:

- Keys Please® chauffeur will drive you in **your** vehicle.
- I understand there are NO refunds on cancellations or modification requests.
- I understand the service is prepaid on the Credit Card supplied for the original hours I have requested.
- I understand that any overages on completions of the final trip will be my responsibility and will be charged to the Credit Card I supplied.
- I further agree to pay any additional charges incurred for authorized extended time requested.
- The service will require the chauffeur to (circle one):
 - Travel within Alberta
 - Travel outside of Alberta
 - Travel to the United States

I, _____ have read, understand and agree to the above.

Signature: _____ Date: _____

Credit Card Information

Card Number:	Expiry Date:
Cardholder Name (print):	CCV Code:
Cardholder Signature:	

Office Use:

Processed By _____ Date _____ Confirmation # _____