



Medicine Hat Daytime Pre-Booking Form

Fax: (403) 243-5425

E-Mail: servicerequest@keysplease.net

Requests for Daytime Service must be received a minimum of **24 hours prior** to the date required. Completed forms must be received by Keys Please® during the administration hours of Monday - Friday, 9 a.m. to 4 p.m. Forms received after 4 p.m. Friday, or on Saturday, Sunday or statutory holidays will not be processed until the next business day.

Keys Please® has an obligation to our clients, ensuring our units arrive in a timely manner. We require the assistance of our Daytime Service clients to assure our commitments are met.

Terms and Conditions:

1. Keys Please® strives to ensure accuracy on time calls however, we **CANNOT** guarantee an exact time. We require a half hour tolerance on either side of the time requested.
2. All time calls within city limits require a fifty (\$50) dollar credit card deposit. (For trips originating out of city limits, contact your local Keys Please® office for the deposit amount.)
3. **The credit card is pre-authorized and only used as a non-refundable deposit with the following occurrences:**
 - a. Any changes or cancellations which are not received by Keys Please® forty-eight (48) hours prior to the date requested.
 - b. The driver cannot reach you by using the phone number you have supplied.
 - c. The driver arrives and you are not ready to leave in five (5) minutes. Wait time will apply.
 - d. The driver cannot find you at the pick-up location.

There are NO exceptions to the above.

I, _____ have read, understand and agree to the above conditions and will forfeit my deposit if the above conditions are not met. I authorize a deposit of fifty (\$50.00) dollars to be placed on my credit card supplied. (For trips originating out of city limits, contact your local Keys Please® office for the deposit amount.) I understand it is only a pre-authorization and the pre-authorization is only processed if the Terms and Conditions are not met. I understand the services rendered will still require payment to the driver upon completion.

Signature: _____ Date: _____

Trip Information (Ensure this information is accurate.)

Name:	Contact Phone #:
E-Mail Address:	
Date Required (include day of the week):	
Time Required (must be on the hour or half hour):	
Pick-up Location:	
Pick-up Address:	
Destination Address:	

Credit Card Information

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

Office Use - Processed By:	Date:	Confirmation #:
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