



Medicine Hat Platinum Exclusive Use Pre-Booking Form

Fax: (403) 243-5425
E-Mail: servicerequest@keysplease.net

Company/Individual Information (For Private Functions, enter 'Private' in Company Name)

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

Function Information

Date of Function (include the day of the week):	
Location Name & Address:	
Contact Name at Function:	Contact Phone #:

Vehicle(s) Required

Rate: \$75.00/Hour/Vehicle (GST Included). Minimum Charge - 2 Hours/Vehicle.

Number of Vehicles	Starting Time	Ending Time	Total # of Hours
Gratuity Percentage:		Gratuity Dollar Value:	

Keys Please® Event Coordinator

Rate: \$30.00/Hour (GST included). Minimum Charge – 2 Hours.

We recommend that the Keys Please® Event Coordinator be at your function a minimum of 1 (one) hour prior to the Keys Please® Exclusive Use Drivers. This will allow the Keys Please® Event Coordinator the time to ensure that your guests are aware of the availability of the Exclusive Use Service that you have provided for them.

Starting Time	Ending Time	Total # of Hours
Gratuity Percentage:		Gratuity Dollar Value:

NOTE: Functions that are held outside of the city limits will have a minimum one (1) hour travel time charged per vehicle and Event Coordinator. Do not include this in your required time for Exclusive Use Service or Event Coordinator.

Terms and Conditions:

- As these vehicles are booked specifically for the requested exclusive use and only a certain number of vehicles are allocated for this service 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.

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 # _____
