

Calgary 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: \$97.50/Hour/Vehicle (GST Included). Minimum Charge - 2 Hours/Vehicle.

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

Keys Please® Event Coordinator

Rate: \$40.00/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.

| l, | 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 # |
|--------------------------|------|----------------|
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