

Edmonton Chauffeur Pre-Booking Form

Fax: (403) 243-5425

E-Mail: servicerequest@keysplease.net

Company/Individual Information (For Pe	ersonal Requests enter 'Priv	ate' in Company Name)	
Company Name:	Address	:	
City:	Postal C	Postal Code:	
Contact Name:	Phone #	ŧ	
Fax #:	E-mail:		
Chauffeur Service Information			
Date of Service Required (include the da	ay of the week):		
Pick-up and Final Drop Off Address (mu	st be the same):		
Pick-up Time:	Drop Of	f Time:	
Rate: \$45.00 / Hour (GST Included). Mir	nimum Charge - 2 Hours / C	hauffeur	
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.			
 I understand that any overages of to the Credit Card I supplied. 	aid on the Credit Card supplion completions of the final to onal charges incurred for au offeur to (circle one):	fication requests. led for the original hours I have requested. let for the original hours I have requested. It is a substantial or the requested of the 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 #	