## KEYS PLEASE YOUR DESIGNATION OF THE DRIVING ALTERNATIVE 8

## **Edmonton 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. (MDT) 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 an	nd agree to the above conditions and will	
forfeit my deposit if the above conditions	are not met. I authorize a deposit o	of fifty (\$50.00) dollars to be placed on my	
credit card supplied. (For trips originating	•	•	
amount.) I understand it is only a pre-a	•		
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 #	Contact Phone #:	
E-Mail Address:			
Date Required (include day of the week):	:		
Time Required (must be on the hour or h	nalf 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 #:	