

Edmonton Exclusive Use Pre-Booking Form

Fax: (403) 243-5425

E-Mail: servicerequest@keysplease.net

Company/Individual Info	rmation (For Private Funct	ions, enter 'Private' in Compa	ny Name)	
Company Name:		Address:		
City:		Postal Code:		
Contact Name:		Phone #:		
Fax#:		E-mail:		
Function Information				
Date of Function (include	e the day of the week):			
Location Name & Addres	55:			
Contact Name at Function:		Contact Phone #:	Contact Phone #:	
Vehicle(s) Required Rate: \$85.00 / Hour / Veh Number of Vehicles		mum Charge - 2 Hours / Vehic	cle Total # of Hours	
Number of Venicles	Starting Time	Ending Time	TOTAL# OF HOURS	
Gratuity Percentage:		Gratuity Dollar Value:		
vehicles are allocated requests. I understand the second that to the Credit Card	ated for this service I unde service is prepaid on the C any overages on completi I I supplied.	redit Card supplied for the ori	ginal hours I have requested. responsibility and will be charged	
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		Pate	Confirmation #	