

Calgary Exclusive Use Pre-Booking Form

Fax: (403) 243-5425

E-Mail: servicerequest@keysplease.net

Confirmation #

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 #:	
Contract Name at Fametic		Contact Hone w.	
Vehicle(s) Required			
Number of Vehicles	Starting Time	nimum Charge - 2 Hours / Vehi	Total # of Hours
Number of vehicles	Starting Time	Lituing Time	Total # Of Hours
		Gratuity Dollar Value:	
NOTE: Functions that are Vehicle. Do not include t Terms and Conditions:	s are booked specifically for cated for this service I under service is prepaid on the O t any overages on complet d I supplied.	imits will have a minimum One or Exclusive Use Service. or the requested exclusive use a erstand there are NO refunds o	Hour Travel Time Charged / and only a certain number of n cancellations or modification ginal hours I have requested. responsibility and will be charged
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Date

Processed By