

Calgary Platinum Exclusive Use Pre-Booking Form

Fax: (403) 243-5425

E-Mail: servicerequest@keysplease.net

			,	
Company Name:		s, enter 'Private' in Company Na Address:		
Company Name:			Postal Code:	
City: Contact Name:			Phone #:	
Fax #:			E-mail:	
Function Information				
Date of Function (include the	day of the week):			
Location Name & Address:		1		
Contact Name at Function:		Contact Phone #:	Contact Phone #:	
Vehicle(s) Required Rate: \$119.00/Hour/Vehicle	GST Included). Minimum	n Charge - 2 Hours/Vehicle.		
Number of Vehicles	Starting Time	Ending Time	Total # of Hours	
	_			
Gratuity Percentage:		Gratuity Dollar Value:	Gratuity Dollar Value:	
Rate: \$47.00/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. 				
I, have read, understand and agree to the above.				
Signature:Date:				
Credit Card Information				
Card Number:			Expiry Date:	
Cardholder Name (print):			CCV Code:	
Cardholder Signature:				

Date_

Confirmation #

Office Use: Processed By