



Way To Go Limousine, Inc.

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Service Agreement

Event and Vehicle Information:

Date: _____ Day: _____ Event: _____

Hours Needed: _____ Vehicle: _____ # of Passengers: _____

Customer Information:

Name: _____ Primary Phone Number: _____

Email: _____

Trip Information:

Service: select one: **Charter:** Yes / No **Point to Point:** Yes / No

Pick up Time: _____ Return Time: _____

Pick up Location: _____

Stop: _____

Stop: _____

Destination: _____

Credit Card Information:

Credit Card #: _____ Exp: _____ CVV: _____

Address: _____ ZIP: _____

Pricing & Discounts:

Price: # of Hrs: _____ Rate/hr: _____ Total: \$ _____

Gratuity: 20% of total: \$ _____

Discount: CODE: _____ Amount: \$ _____

Deposit: \$ _____

Remaining Balance: Due Date: _____ / _____ / 20____ Total Balance Due: \$ _____

Authorized Signature: _____ **Date:** _____ / _____ / 20____

By signing this form customer agrees to the Terms & Conditions. Thank you for your Business.