

Crown Limousine, Inc

PROM CONTRACT

Print and complete this form and fax to 215.689.4828

Day of the Prom _____ Date _____

Number of Hours: _____ (6 hours min.), from _____ (am/pm) to _____ (am/pm)
Number of Limousines: _____ Number of passengers: _____ Vehicle Color _____

Full Names:

Parent or Guardian: _____
Student : _____
Phone: _____

Phone # where either parent or child can be reached on prom day: _____

Initial Pick-Up Address: _____

Destination Name and Address: _____

School Name and Address (optinal): _____

Other details or information: _____

Please attach additional sheets for any information you believe necessary to help us serve you best.

\$ _____ Per Hour @ _____ Hours X _____ (# of limousines): \$ _____
20% Gratuity: \$ _____
Total: \$ _____
\$150.00 Non-Refundable Deposit to Reserve Vehicle(s) & Date: \$ _____
Balance Due on Day of the Prom: \$ _____

All proms must be guaranteed by credit card and deposit received to confirm reservations.

All proms must be cancelled at least 2 weeks prior to event date to avoid the full charge.

_____ To pay deposit by check, mail form and check to 15 Joshua Dr, Richboro, PA 18954.

_____ To pay deposit by credit card, fill in information below and fax form to 215.689.4828.

Circle one: Visa / MasterCard / American Express

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____

(CVV code is last 3 digits on back of credit card if Visa or MasterCard, if American Express—the 4 digits on front of credit card above the credit card number)

Full Name on Card: _____ Authorization Signature: _____

Billing Address for the credit card: _____

Crown Limousine, Inc.

Business: (215) 669.6670 Fax: (215) 689.4828

15 Joshua Dr, Richboro, PA 18954