



ATLANTIC EXECUTIVE
L I M O U S I N E

Date of Event: _____ Start Time: _____ End Time: _____

Name: _____ Phone Number: _____

Email: _____

Address: _____ City: _____ State: _____ Zip: _____

PRICE QUOTED: _____ Deposit Paid: _____ (50% REQUESTED)

A 20% GRATUITY WILL BE ADDED TO ALL RESERVATIONS

Vehicle(s) Requested _____

Shuttle Service: _____ Hourly Service: _____ PICK UP

ADDRESS: _____ PLACE: _____

DELIVERY ADDRESS: _____

TIME OF PICKUP: _____ LOCATION PHONE NUMBER: _____

PICK UP ADDRESS: _____ PLACE: _____

DELIVERY ADDRESS: _____

TIME OF PICKUP: _____ LOCATION PHONE NUMBER: _____

NAME: _____ SIGNED _____ TODAY'S DATE: _____

We accept Checks, Cash, MasterCard & Visa

Credit Card Number: _____ Name on Card: _____

Exp: _____ Billing Zip Code: _____ CVV CODE _____

Please sign and return to:

Atlantic Executive Limousine, LLC P.O. BOX 854 Johns Island, SC 29457 or FAX to 843-793-1880 or E-MAIL; info@atlanticexecutivelimo.com

PLEASE READ CAREFULLY:

ANY AND ALL DEPOSITS, PAYMENTS, OR ANY ADVANCE PAID MONIES, ARE NON-REFUNDABLE FOR ANY REASON! THE COMPANY CAN NOT BE HELD LIABLE IN THE EVENT OF A MECHANICAL BREAKDOWN WHILE ON ANY CHARTER AND WILL ONLY BE HELD RESPONSIBLE FOR MAKING UP ANY LOST TIME AT A MUTUALLY AGREED UPON DATE. The client assumes full financial liability for any damage to the vehicle caused during the duration of the rental by them or any members of their party. A fee of \$15 per glass will be assessed for each broken or missing glass. A sanitation fee of \$250.00 shall be assessed for any vomit or other bodily fluid. Drug use is prohibited by law. Any and all fines will be paid for by the customer, with the Credit Card information that the company has on file. The driver has the right to terminate run without refund (if there is blatant indiscretion on the part of the client(s)). It is Illegal to stand through any sunroof or extend the body through any window. **SMOKING IS NOT PERMITTED IN ANY OF OUR VEHICLES AT ANY TIME. A VIOLATION OF THIS POLICY WILL RESULT IN A \$500 SANITATION FINE.** Additional hours will apply after the first 15 minutes or the last 15 minutes, of the prearranged/contracted time described on this customer trip sheet. Not responsible for delays caused by unsafe road conditions, traffic, or accidents that may cause the company to be delayed. Not responsible for any articles left in the vehicle. Deposits are due upon reservation with the balance to be paid 7 days prior to the reservation. If balances are not paid according to this contract, the reservation shall be forfeited. **NO RESERVATION WILL BE VALID UNTIL THIS CUSTOMER AGREEMENT IS SIGNED AND RETURNED TO THE COMPANY VIA FAX, MAIL OR EMAIL PRIOR TO THE DATE OF SERVICE. THERE WILL BE NO EXCEPTIONS MADE WITH THIS POLICY.** Vehicles cannot be loaded beyond seating capacity or contracted number of passengers. BY ACCEPTING THIS VEHICLE, THE CLIENT HAS ACCEPTED THIS CONTRACT AND HAS AUTHORIZED THE COMPANY TO MAKE ANY CHARGES OR FINES PAYABLE WITH THE CREDIT CARD ON FILE BY THE COMPANY. BY ACCEPTING THIS VEHICLE AT THE BEGINNING OF THE RUN, THE CLIENT HAS NO RIGHT TO ASK FOR OR DEMAND ANY TYPE OF REFUND OR DISCOUNT. BY ACCEPTING THE VEHICLE THE CLIENT IS 100% SATISFIED THAT HE/SHE HAS RECEIVED THE VEHICLE THAT THEY CONTRACTED FOR. BY SIGNING AND ACCEPTING THIS CUSTOMER TRIP SHEET, THE CLIENT AFFIRMS THE HE/SHE HAVE AUTHORIZED ANY AND ALL CHARGES, AND SHALL PAY SUCH CHARGES, ACCORDING TO THEIR CREDIT CARD AGREEMENT.

I HAVE READ AND UNDERSTAND:

SIGNED: _____ DATE: _____

PRINT NAME: _____

CREDIT CARD AUTHORIZATION FORM
American Express - MasterCard - Visa - Discover

Card Number: _____

Expiration Date: ____/____/____

CODE ON BACK OF CARD _____

Card Holders Name: _____

Billing Address _____

City _____

State _____ ZIP _____

Card Holder Phone Number: () _____ - _____

Charge Authorized Amount: \$ _____

Card Holder Signature: _____

Card Holder Name (Print) _____

I, _____, hereby authorize Atlantic Executive Limousine, LLC to make charges in the amount of \$_____ to my Credit Card in consideration for products as requested by me.

Today's Date: _____

Return to:

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