



Prom Contract

DATE OF SERVICE:
SANTOS REP:

SCHEDULED TIMES

SCHEDULED PICK UP TIME:
ESTIMATED DROP OFF TIME:

CLIENT INFORMATION

CLIENT:
LIMOUSINE:
OF HRS: @ RATE: TOTAL: OVERTIME RATE PER HOUR:

CLIENT ITINERARY

PICK UP INFORMATION:

SPECIAL INSTRUCTIONS: CONTACT NUMBER:

DESTINATION DETAILS:

DROP OFF DETAILS:

DROP OFF POLICY:

PAYMENT INFORMATION

CLIENT NAME: SANTOS VIP #
HOME ADDRESS:
BILLING ADDRESS:
DAYTIME # EVENING # FAX #
EMAIL ADDRESS: DRIVERS LIC #
ACCOUNT NUMBER: EXPIRATION DATE: SECURITY CODE:
METHOD OF PAYMENT: HOW DID YOU HEAR ABOUT SANTOS LIMO?

ITEMIZATION OF CHARGES

TOTAL NUMBER OF HOURS RESERVED:
FARE FOR HOURS RENTED:
SERVICE FEE:
TRAVELING FEE:
TOTAL RENTAL:
NON REFUNDABLE DEPOSIT (35%):
BALANCE DUE IN CASH AT ARRIVAL:

FOR OFFICE USE ONLY

SERVICE CONFIRMED ON:
METHOD OF FINAL PAYMENT

SANTOS LIMO SERVICE LLC.
120 MAGAZINE STREET, NEWARK, NJ 07105
OFFICE: 973.465.6883 ~ FAX: 973.465.7556
WWW.SANTOSLIMO.COM ~ INFO@SANTOSLIMO.COM
HOURS: MONDAY - SATURDAY 10:00 A.M. TO 8:00 P.M.



OVERTIME INCURRED ON THE DAY OF SERVICE
MUST BE PAID IN CASH!

THIS IS A BINDING AND NONREFUNDABLE RENTAL CONTRACT BETWEEN THE ABOVE MENTIONED PERSON AS RENTER AND SANTOS LIMO SERVICE LLC. I, THE RENTER, REVIEWED AND CONFIRM THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT. I AUTHORIZE SANTOS LIMO TO CHARGE THE DEPOSIT TO THE CREDIT CARD I HAVE PROVIDED. I AM THE AUTHORIZED CARDHOLDER FOR THE ABOVE CREDIT CARD. I HAVE READ AND AGREE WITH THE TERMS AND CONDITIONS SET FORTH ON THE BACK OF THIS CONTRACT. I ALSO AGREE THAT THE FINAL BALANCE WILL BE COLLECTED IN CASH ON THE DATE OF SERVICE AT THE FIRST PICK UP LOCATION.

I AGREE: _____ PRINT YOUR NAME: _____ DATE: _____

SERVICE CONTRACT CONTINUES ON REVERSE SIDE