

Mackenzie Limousine LTD.

914-843-4488

Fax: 914-371-7768

Event Type: _____

Date of Event: _____

Customer Name: _____

Email: _____

Street Address: _____

Surprise: YES

City: _____

Cell Phone: _____

State: _____

Home Phone: _____

Zip Code: _____

Work Phone: _____

Ext #: _____

Event location: _____

Fax #: _____

Start Time: _____ P/U Location: _____

End Location: _____

Limo Information.

Type of Limo	Additional limo	# of hours	\$___ Hr Rate	Extra Hr Rate	Total
Special Details				Gratuity is Appreciated:	
				Tolls	_____
Credit Card Type	Amex	Visa	Master	Grand Total \$:	_____
Credit Card #	_____			Deposit \$:	_____
Expiration Date	_____			Balance Due \$:	_____
Security code	_____				

I, _____ (print name), I agree to comply and abide by the Rental Agreement and that the above information is correct. **Any use of illegal drugs will result in termination of the job, without any refund.** In addition, I understand that I am responsible to pay for this contract in full 14 days before the day of service

Prepared By: _____ Date: _____

Signature: _____ Date: _____

No date is guaranteed until contract is signed and deposit is received. If the limo rented suffers a mechanical problem it can be replaced with a limo of similar kind and quality. The replacement limo will satisfy our obligation under this agreement. We can't be held responsible for time delays due to traffic, accidents, or road conditions beyond our control. 1/3 minimum deposit. **Cash only for final payment.** Deposit non-refundable. We are not liable for belongings left in limo. No smoking in limousines. \$200 fee if cleaning of limo is required due to incident