

# ACW LIMO SERVICE

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:

**ACW LIMO / PO BOX 80791 CHARLESTON, SC 29416 OR FAX: 866-625-1930**

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 \$10 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 \$250 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 ACW Limo to make charges in the amount of \$ \_\_\_\_\_ to my Credit Card in consideration for products as requested by me.

Today's Date: \_\_\_\_\_

Charge mentioned on statement will appear as "Wedding & Transportation Services"

**Return to:**

ACW Limo  
P.O. BOX 80791  
CHARLESTON, SC 29416  
(843) 801.1533  
www.ACWLimo.com  
David@ACWLimo.com  
Fax: (866) 625-1930