

Inter-Continental Limo Services Inc.

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Chicago, IL 60603

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Moving Executives With Excellence

Road Shows or Hourly Transportation Agreement

Service Date: ___ / ___ / ___ . Number of hours: ___ ; From ___ : ___ am pm; To ___ : ___ am pm
Passenger Name: _____ . Passenger Phone: (____) _____ - _____.
Passenger E-mail: _____ @ _____ , _____ @ _____ .
Service Coordinator: _____ . Coordinator Contact: _____ .
Phone number where either passenger or coordinator can be reached on the service day: (____) _____ - _____.
.....

Initial Pick-Up Address: _____
Stop for: _____ Address: _____
Stop for: _____ Address: _____
Stop for: _____ Address: _____
Stop for: _____ Address: _____
Stop for: _____ Address: _____
Final Drop-Off Address: _____

- | | |
|------------------------------------|--------------------------------------|
| 3 - 3 pass Lincoln MKS | 10 - pass Lincoln MKT Stretch |
| 3 - 3 pass Lincoln MKT Town Car | 12 - pass Lincoln Navigator Strerch |
| 3 - 3 pass 2014 Mercedes-Benz S550 | 12 - pass Mercedes Sprinter Van |
| 3 - 3 pass 2012 Mercedes-Benz S600 | 14 - pass Ford Transit Van |
| 3 - 3 pass 2012 Mercedes-Benz S55 | 14 - pass Mercedes Sprinter Mini-Bus |
| 3 - 3 pass BMW 750Li | 16 - pass Mercedes Sprinter Mini-Bus |
| 6 - 6 pass Cadillac Escalade ESV | 28 - pass Coach Bus |
| 6 - 6 pass Lincoln Navigator L | 38 - pass Coach Bus |

Requested vehicle: (if not above) _____ Total number of passengers: _____

NOTES

Total Cost for the Service:
_____ Number of hours X \$ _____ /hour = \$ _____ Base Rate + 20% Gratuity = \$ _____ **TOTAL**
\$ _____ **TOTAL** - 50% Deposit = \$ _____ **Outstanding Balance Due**. Cash balances must be paid directly to the driver, prior to the initial pick-up on the day of the service. No other form of payment will be accepted by the driver. Checks must be paid at least 14 days before the event to: Inter-Continental Limo Services at the above address.

Name of cardholder: _____ VISA MASTERCARD AMEX DISCOVER
Credit Card Number: _____ Expiration date: ___/___ CVCCode: _____
Billing Address: _____

By signing this form I authorize **Inter-Continental Limo Services Inc.** to charge the credit card listed above. I also acknowledge that I have agreed to the Service Terms and Conditions, policies posted on <http://www.i-cl.s.com/Inter-Continental Limo Services Policy>

.....
Print Name

.....
Signature of Cardholder

.....
Date

PLEASE COMPLETE, SIGN AND EMAIL OR FAX THIS FORM BACK TO US AT: (877) 474-4257