

Inter-Continental Limo Services Inc.

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Chicago, IL 60603

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Moving Executives With Excellence

Wedding Transportation Agreement

Wedding Date: ___ / ___ / ___ . Number of hours: ___ ; From ___ : ___ am pm; To ___ : ___ am pm
Groom: Name: _____ . Phone: (___) ___ - ____ . E-mail: _____ @ _____
Bride: Name: _____ . Phone: (___) ___ - ____ . E-mail: _____ @ _____
Wedding Coordinator: _____ . Coordinator Contact: _____
Phone number where either bride or groom can be reached on the wedding 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-pass Lincoln Town Car (Black) | 12-pass Ford Expedition (Black) |
| 3-pass Mercedes-Benz S550 (Black) | 12-pass Ford Expedition (White) |
| 3-pass Mercedes-Benz AMG (Black) | 12-pass Lincoln Navigator (White) |
| 3-pass BMW 750Li (Black) | 12-pass Lincoln Navigator (Black) |
| 3-pass Audi A8L (Black) | 18-pass Hummer H2 (White) |
| 6-pass Cadillac Escalade ESV (Black) | 25-pass Limo-Party Bus |
| 6-pass Lincoln Navigator L (Black) | 35-pass Mini-Coach Bus |
| 8-pass Lincoln Stretch (Black) | 32-pass Limo-Party Bus |
| 8-pass Lincoln Stretch (White) | 36-pass Limo-Party Bus |

Requested Limousine: (if not on the list) _____ Total number of passengers: _____

NOTES

Total Cost for the Service:
_____ Number of hours X \$ _____ /hour = \$ _____ Base Rate + 20% Gratuity = \$ _____ **TOTAL**

\$ _____ **TOTAL** X 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-cls.com/Inter-Continental Limo Services Policy>

Print Name

Signature of Cardholder

Date

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