

Inter-Continental Limo Services Inc.

17 E Monroe St #171
Chicago, IL 60603

Phone: (877) ICLS-INC (4257-462)
(224) 333-2222
(414) 939-8838

Fax: (877) 474-4257

E-mail: Office@i-cls.com

www.I-CLS.com



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 MKS | 10 - pass Lincoln Town Car Stretch |
| 3 - pass Lincoln MKT Town Car | 12 - pass Lincoln Navigator Stretch |
| 3 - pass 2014 Mercedes-Benz S550 | 18 - pass Cadillac Escalade Stretch |
| 3 - pass 2012 Mercedes-Benz S550 | 18 - pass Hummer H2 Stretch |
| 3 - pass 2012 Mercedes-Benz S400 | 14 - pass Mercedes Sprinter Mini Bus |
| 3 - pass BMW 750Li | 25 - pass Limo-Party Bus |
| 6 - pass Lincoln Navigator L | 36 - pass Limo-Party Bus |
| 6 - pass Cadillac Escalade ESV | 39 - pass Coach Bus |

Requested Limousine (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-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