

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

Prom or Homecoming Transportation Agreement

Event date: ___/___/___ 5 HR min; from ___:___ am pm; to ___:___ am pm; from ___:___ am pm; to ___:___ am pm
Parent Name: _____ Phone: (____) ____ - ____ E-mail: _____@_____
Passenger Name: _____ Phone: (____) ____ - ____ E-mail: _____@_____
Phone number where either parents or passengers can be reached on the event day: (____) ____ - ____.
Parent or Legal Guardian has to read, sign and print the second page. A copy will be handed to the driver.

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 | 14 - pass Ford Expedition Stretch |
| 3 - pass Lincoln MKT | 14 - pass Lincoln Navigator Stretch |
| 3 - pass 2014 Mercedes-Benz S550 | 20 - pass Hummer H2 Stretch |
| 3 - pass 2012 Mercedes-Benz S600 | 20 - pass Cadillac Escalade Stretch |
| 3 - pass 2012 Mercedes-Benz S550 | 25 - pass Limo-Party Bus |
| 3 - pass 2012 Mercedes-Benz S400 | 28 - pass Limo-Party Bus |
| 3 - pass BMW 750Li | 36 - pass Limo-Party Bus |
| 6 - pass Lincoln Navigator L | 32 - pass Coach 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

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Medical Emergency & Alcoholic Beverage Restriction Statement

A minor child, _____ (name of child)
has my permission _____ (name of parent)
to use **Inter - Continental Limo Services Inc.** transportation on _____ (date).

The consumption of alcoholic beverages or illegal substances by minors is unlawful. No alcoholic beverages or illegal substances may be transported in the passenger compartment of the vehicle transporting only minors.

During the time of the ride, if any minor is found to or have been consuming alcoholic beverages or any illegal substance, the contract may be terminated and the customer will be brought back to the point of origin, at which time no refund will be allowed.

I hereby agree that no alcoholic beverages or other prohibited substances will be brought into the vehicle.

Only parent consent can change the itinerary provided on the signed agreement.

NOTES

This page has to be sign by a parent or legal guardian for each minor that will be in the vehicle.

.....
Print Name

.....
Signature of Cardholder

.....
Date

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