

A SIGNATURE LIMOUSINE

Arrive in Style

Ph: 352-683-1215 Fax: 352-683-9486

PROM CONTRACT

Date of Prom: _____

Pickup Time: _____

Name: _____

End Time: _____

First Pickup
Address #1: _____

Color/type of
car: _____

First Pickup
Address #2: _____

Number of passengers

Cross Street: _____

Time of Prom

Telephone: _____

Name: _____

Second Pickup
Address #1: _____

Second Pickup
Address #2: _____

Cross Street: _____

Telephone: _____

Prom Location: _____

School: _____

Special Instructions: _____

Hours Minimum: _____

Sub Total: \$ _____

Over Time Hours: _____

20% Gratuity: \$ _____

Over Time Rate: \$ _____

Additional
Charges: \$ _____

Total Price:
\$ _____

Deposit: \$ _____

Balance Due: \$ _____
(Cash only)

Customer is liable for all damages. No alcoholic beverages allowed in car or trunk. All deposits non-refundable. There will be a minimum \$500.00 charge for anyone getting sick in the limo, and you will be responsible for any additional charges that will result from this.