



D.L.S. Limousine Service Inc.

2480 Gerrard St. East

Toronto, ON

M1N 4C3

Tel: 416-406-3622

Fax: 416-778-8480

CREDIT CARD AUTHORIZATION

I, _____ authorize D.L.S. Limousine Service Inc. to charge the non-refundable deposit of \$ _____ to the credit card given below. I, the cardholder, take full responsibility for the use of the car for the arranged order.

If the balance of the order is not paid to the driver on the day of the service at the first pick up location, the driver is not authorized to move the vehicle. The balance will, at that time, be charged to the credit card provided.

Cancellations must be made by, at least, one week prior to the service date, however, deposits are non-refundable. Any cancellations after this time will result in full payment of the above balance.

In case of vehicle problems D.L.S. Limousine Service will change to an equal or higher value vehicle, subject to availability. Any damage(s) to the vehicle caused by the passengers are subject to additional charges determined by D.L.S. Limousine Service Inc, which the customer(s) agrees to pay in full. These damages may include: Vomiting in the vehicle (\$250.00), breaking a champagne or shooter glass (\$20.00 per glass), and tearing of the car interior (minimum of \$500.00 plus the vehicle downtime).

If the limousine is waiting for the client for more than 15 minutes beyond the scheduled pick up time, the customer(s) will be charged at the additional hourly rate accordingly.

While every effort is made to ensure specified times are met, if the limousine is late in excess of 30 minutes due to unforeseen traffic, uncontrollable weather conditions, or other circumstances beyond our control, the customer has the option to cancel the service and receive a full refund on the unused portion of the trip. However, if the clients choose to still take the service, then no compensation may be claimed.

D.L.S. Limousine Service is not responsible for any articles left in the limousine.

By signing below I agree to accept all the Terms and Conditions.

Please PRINT clearly.

Date of service: _____ ***Passenger Name:*** _____

Customer Telephone No.: _____ ***Order Number(office use):*** _____

Pick up time: _____ ***Return time:*** _____

Pick up address: _____

Take to: _____

Note: The signature must be of the cardholder. If you have not received a quote from a D.L.S. Staff member please call us for the exact price to be charged.

Credit Card # _____

Expiry Date: _____

Name of Card Holder: _____

Gratuity (Tip): _____

Total amount to be charged: _____

Signature of the Cardholder: _____

PLEASE FAX THIS FORM COMPLETED TO 416-778-8480 AND YOU WILL RECEIVE A CONFIRMATION FOR YOUR RESERVATION! THANK YOU!