

FUNERAL CONTRACT

Date ___/___/___ Day _____ Time _____ AM PM Driver _____ Limo _____

Contact Name _____ Contact Phone Number _____

Deceased Name: _____ Funeral Director _____ Package _____ Hours _____

Home _____ Phone # _____ Time _____

Address _____

Parlor _____ Phone # _____ Time _____

Address _____

Church _____ Phone # _____ Time _____

Address _____

Cemetery _____

Address _____

Special Instructions _____

Add'l Overtime begins @ _____ Rate of _____ per hour, per vehicle

Method of Payment _____ Order Date _____

Credit Card # _____

Type: _____ Exp Date ___/___/___

Cardholder Name _____

Address _____

Deposit Amount _____ Date _____

Author #: _____ Batch # _____

Cash/Check# _____ Date _____ \$ _____

Limousine(s) Pkg. \$ _____

Add'l Hour(s) \$ _____

Travel Time \$ _____

Gratuity \$ _____

Limo Total (s) \$ _____

Grand Total \$ _____

Deposit \$ _____
(non-refundable)

Balance Due \$ _____

Contract Agreement Deposits are **non-refundable**. Please observe our non-smoking policy. The client is responsible for guests and assumes full financial responsibility for any damages to vehicle and properties caused by client or guest whether by accident, neglect, or intent. We assume no responsibility for articles left in vehicles. Driver may refuse or terminate the charter at any time without refund if they deem the party unruly or endangering the safe operation of the vehicle. Driver is not responsible for illegal acts during rental. We will not be responsible for any delays or inconveniences due to traffic, unforeseen mechanical failures, or situations deemed an "Act of God". We reserve the right to substitute alternative vehicles in the event of an occurrence beyond our control. Client assumes full financial responsibilities for all payments due at the end of the charter, including overtime, gratuity and damage fees. Regurgitation fees are \$200, everything else will be estimated by a professional. Client authorizes charges to credit card, with/without imprint. **WE AGREE TO THE ABOVE TERMS & CONDITIONS:**

Client Signature _____

Date _____

