



AIRPORT RESERVATION

Customer Information

Full Name: _____ Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Mobile: _____ Fax: _____

Fill out only one section below that applies to your transportation needs: **To Airport or From Airport**

To Airport (airport drop-off)

Date of Service: _____ Pick-Up Time: _____

Pick-up Address: _____

Passenger Name: _____
(if other than customer's name or type "SAME")

Airport: (check or circle)

O'Hare (ORD) Midway (MDW) Other: _____

Return Information: (optional)

Date of Service: _____

Airlines: _____ Flight # _____

Arrival Time: _____ Connecting City: _____

Return Address: _____

From Airport (pick-up from airport)

Date of Service: _____ Pick-Up Time: _____

Passenger Name: _____
(if other than customer's name or type "SAME")

Airport: (check or circle)

O'Hare (ORD) Midway (MDW) Other: _____

Airlines: _____ Flight # _____

Arrival Time: _____ Connecting City: _____

Destination Address: _____

Return Information: (optional)

Date of Service: _____

Airlines: _____ Flight # _____

Arrival Time: _____ Connecting City: _____

Additional Information

Number of Passengers: _____

Vehicle: 4-Passenger Luxury Sedan 10-Passenger Luxury Stretch Limousine Other: _____
(check or circle)

Special Instructions/Comments: _____

How did you hear about us? Internet Existing Client Referred by _____ Other: _____

Fax this form to: 708-452-2998





Stretch Limousine, Inc.
stretchlimochicago.com

Phone: 773-230-1637

Since 1995

Romance Begins With a Limousine...



CREDIT CARD AUTHORIZATION

I authorize Stretch Limousine, Inc. you to bill my credit card account for the full amount of my order (including any taxes) plus gratitude 20%.

Type of Service: Airport Pick-Up/Drop-Off Wedding Charter (Hourly) Other: _____
(check or circle)

Date of Service: _____

Agreed Amount: \$ _____

CARD TYPE : Visa Master Card Amex
(check or circle)

Name on a card: _____

Card Number: _____ Exp: ____ / ____

CVC: _____ (Three-digit security number at the back of your card)

BILLING ADDRESS:

Street: _____

City: _____ **State:** _____ **Zip:** _____

PLEASE READ AND UNDERSTAND BEFORE SIGNING

1. I understand that, with my signature, I acknowledge that I have checked all information provided to Stretch Limousine, Inc. and it is correct.
2. I understand that, with my signature, I acknowledge that I am taking full responsibility for information provided, and that Stretch Limousine, Inc. in no way accepts responsibility for any misinformation.
3. I understand that, with my signature, I acknowledge that I will receive a receipt of my order. It is my responsibility to check this receipt CAREFULLY for *any errors*. Errors may include, but are not limited to, spelling or punctuation.

Signature: _____ Date: ____ / ____ / ____

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