



US VIP TRANSPORTATION

5613 Leesburg Pike # 1-D
Falls church, VA 22041

www.us-vip.com



Phone: 703-933-8820 Fax: 703-933-0022 Toll free: 1-888-VIP-0203

Client Name: _____ Service Ordered By: _____

Client Address: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

Day & Date of Service: ____/____/____, Pick Up Time: ____:____ am / pm,

Type of Vehicle Required: _____ of Guests: _____ #

Drop off Day & Date: ____/____/____ Drop off Time: ____:____ am / pm,

Pick up Location: _____

Destination Time: _____

Special Notes:

Total amount: \$\$\$\$ _____ + Gratuity and tax.

Credit Card Information:

AMEX _____, VISA _____, MasterCard _____, Discover _____,

Credit card number _____ - _____ - _____ - _____

Security Number
On Back on Card; _____

Expiration date: ____/____

Name as it appears on Credit Card _____ Last 4 Digits of Social Security # _____

Iunderstand that by signing this document I have reserved **US VIP transportation Service**, for the above mentioned attached services. I understand that the above companies will charge 100% of the payment on the credit card provided above, upon receipt. I am authorized to use the indicated Credit card for purchases, and understand that my signature will be considered authorization to charge the provided credit Card for the amount of \$_____ to reserve services. I understand the fees are non-refundable after authorization with this signature for the provided services.

Service Termination: US VIP Transportation holds the right to terminate services and cancel contract without a refund in cases of: Underage consumption on Alcohol in the vehicle Display of Criminal or violent behavior to the passengers and chauffeur Deliberate Damage to the vehicle. **Incident Fees:** If Any damage is inflicted on the vehicle by the passenger(s) US Vip will charged to the customer the full Repair cost (i.e."Burnseats,damageswindows,broken electronic.... etc) If a passenger is to vomit or dispose of inappropriate bodily fluids in the vehicle, there will be a **\$500.00** cleaning and maintenance fee.

US VIP Transportations representative:.....date:...../...../.....Signature:.....

Customer Name:.....date:...../...../.....Signature:.....



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CREDIT CARD AUTHORIZATION FORM

Please attach a copy of the front and back of the credit card

Date: _____ Invoice# (s): _____

Estimated Amount: \$ _____

Credit card Type (circle one): VISA M/C AMEX DISC

Credit card Number: _____ - _____ - _____ - _____ Exp: _____/_____/_____

Amex 4 digit code: _____ Otherwise last 3 digit (s) on back: _____

Name as it appears on card: _____

BillingAddress: _____

Telephone #: _____ - _____ - _____ Fax: _____ - _____ - _____

_____ Corporate Card (include payable code) _____ Personal card

I hereby authorize US VIP TRANSPORTATION to charge my credit card account the original amount stated above ,100% non refundable .I also authorize any additional charges incurred for the order number(s) listed above to be charged to my credit card per my signed contract(s) with US VIP TRANSPORTATION.

Signature of cardholder

_____/_____/20_____
Date