



RESERVATION REQUEST FORM
FAX IMMEDIATELY TO 707-638-0350
Or email: reservations@shuttlecalifornia.com

ALERT **48HOUR NOTICE REQUIRED! * YOU MUST HAVE A RESERVATION FROM SENT 48RHS PRIOR TO REQUESTED SERVICE TIME *****
PICKUP INFORMATION

Date of Service Requested: _____ Passenger Name: _____

Passenger Landline: _____ Cell#: _____

Pickup Location: _____ City: _____

Additional Stops? Comments? Car Seats?

DROP LOCATION:

Home/Business/Hotel Name: _____ Address: _____ City: _____

Roundtrip? Y N Date of Return: _____ Time: _____ Pickup From Drop Off Location? _____

If No, Specify new return Pickup Location and Address: _____

FLIGHT INFO:

Arrival/ Departure (circle one) Time: _____ Pickup Time Requested: _____

Airline: _____ Flight Number: _____ Origin (to Arriving City): _____

Passenger Count: _____ Luggage _____

Price Quoted Via Email: _____ Email Date: _____ Non-Stop Shuttle Service? If Yes, then \$40 additional fee applies: YES NO

BLACK CAR/ TOWNCAR: YES NO (\$80 FEE + 20 GRATUITY ADDED ON FARE.)

CREDIT CARD INFORMATION REQUIRED TO HOLD RESERVATION

Card Holder Name: _____ Credit Card Number: _____

Expiration Date: ____/____ CVV Code (3 Numbers on Back of Card) _____ Billing Zip Code: _____

TO CHARGE THIS CARD: By signing this Credit Card Form you agree our Service Policy listed at "http://www.shuttlecalifornia.com /service_policy_please_read". You also agree for us to charge your card for the amount that you authorize and consider your signature a legally binding agreement for payment as per your cardholder agreement. Additionally, you agree for us to charge a 50% fee of the authorized amount if you cancel within 24hrs and 100% charge if you cancel or no show (as determined by us). You agree to our pay Shuttle California in the event that your credit card declines for services contracted by you from us. **You understand that you may only cancel penalty free if you- SEND A TIME DATED EMAIL TO RESERVATIONS@SHUTTLECALIFORNIA.COM ASKING TO CANCEL YOUR RESERVATION!**

- Select a Credit Card Convenience Charge (**Required**) Check to Accept Credit Card Convenience Charge
- (\$5 for transactions under \$100) , (\$10 for transactions under \$199), (\$20 for transactions under \$299), (\$30 for transactions under (\$300-\$399), (\$40 for transactions under \$500)

FARE AMOUNT: \$ _____ + CREDIT CARD FEE: \$ _____ + GRATUITY (15% SUGGESTED) _____ EXTRA FEES: \$ _____

TOTAL AMOUNT AUTHORIZED: \$ _____

CARD HOLDER SIGNATURE: _____ DATE: _____

To verify your identity, please place your Government/ State Issued Identification Card within this box.

Please place your Credit Card here for payment. Make sure to write your Credit Card Number as the fax may not project a clear image of the number.