

Chicago Metropolitan Reservation Form

Please provide a photocopy of your credit card (both front and back) and your driver's license on a separate page. Then fax them to us at (209) 231-3633 with your reservation details below.

Date: _____ Day: Mo Tu Wed Th Fri Sat Sun Pick-up time: _____ (am/pm)

Name of passenger(s): _____

Number of passenger(s): _____ phone for contact with passenger(s) _____

Vehicle requested: _____ Do Not Upgrade: _____

Pick-up address phone number: _____

Pick-up address): _____

City _____ State _____ Zip _____

Pick-up airport: _____ City _____

Carrier or FBO: _____ Flight #: _____ Arriving from: _____

Tail # (if applicable): _____ Arrival time:(am/pm) _____

Destinations 1: _____

2: _____

3: _____

4: _____

5: _____

6: _____

Drop off time: _____

Drop off address : _____

City _____ State _____ Zip _____

Drop off airport: _____ City _____

Carrier or FBO: _____ Flight #: _____ Arriving from: _____

Tail # (if applicable): _____ Departure time:(am/pm) _____

Special instructions or Requests: _____

Name of person making this reservation: _____

Name of person(s) who can authorize additional service: _____

Phone number of the person making this reservation: _____

Fax number of the person making this reservation: _____

Name of company: _____ Credit card type: _____

Card number: _____ Expiration date: _____

Name on card: _____

Chicago Metropolitan Limousines & Busses Account Name: _____