

 **Diamond Chariots Limousine Service** 

P. O. Box 423, Clyde, Ohio 43410 Phone (419) 355-6253

[limos@diamondchariots.com](mailto:limos@diamondchariots.com)

**PROM CONTRACT**

Prom Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Day of Week \_\_\_\_\_ Limo Name \_\_\_\_\_ # Passengers \_\_\_\_\_

Contact Name \_\_\_\_\_ Email \_\_\_\_\_ Cell # \_\_\_\_\_

Childs Name \_\_\_\_\_ Contact Address \_\_\_\_\_ Cell # \_\_\_\_\_

Pick-Up Location \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Pick-Up Address \_\_\_\_\_

Restaurant Location \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Restaurant Address \_\_\_\_\_

Prom Location \_\_\_\_\_ Time \_\_\_\_\_ AM PM

Prom Address \_\_\_\_\_

Special Instructions \_\_\_\_\_

HOURS \_\_\_\_\_ OVERTIME BEGINS @ \_\_\_\_\_ @ \$ \_\_\_\_\_ PER HOUR/CASH ONLY

PACKAGE \_\_\_\_\_ HOURS

Method of Payment CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

Credit card # \_\_\_\_\_

V Code \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Cardholder Name \_\_\_\_\_

Address \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

Balance Due \$ \_\_\_\_\_ Date \_\_\_\_\_

Driver \_\_\_\_\_

Limousine \$ \_\_\_\_\_

Gratuity \$ \_\_\_\_\_

Tax \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_  
(Non-Refundable Deposit)

Balance \$ \_\_\_\_\_

Add'l Payment \$ \_\_\_\_\_

Balance Due \$ \_\_\_\_\_

Please sign below stating that you have read the above contract agreement and to the terms & conditions that are listed on the reverse side.

Clients Signature of Authorization \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diamond Chariots Representative \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CONTRACT IS NOT VALID UNTIL SIGNED BY A DIAMOND CHARIOT REPRESENTATIVE AND A DEPOSIT CHECK HAS CLEARED OUR BANK**

