



RESERVATION & CREDIT CARD AUTHORIZATION
 – Fill Out and either Fax to 321-459-1696 or Email to
 info@abusytraveler.com

Airport Shuttle, Group Charter & Limousine Services

PICK UP SERVICE (Circle One) VAN Shuttle / Private • SEDAN • MINIBUS • TOURBUS • LIMOUSINE	
Quoted Amount \$ _____ + (20% Driver gratuity)\$ _____ = \$ _____ (Full Name) Person in charge: _____ Pick Up Location: Airport <input type="checkbox"/> MCO <input type="checkbox"/> Sanford/Orlando <input type="checkbox"/> Melbourne Intl <input type="checkbox"/> Port / Ship Name: _____ <input type="checkbox"/> Other: _____ Destination Location: <input type="checkbox"/> Port / Ship Name: _____ <input type="checkbox"/> Other: _____ Special Needs: __ Baby Seat(s) __ Booster Seat(s) __ Pet(s)	Date of Service: ___/___/_____ # in Party: _____ Contact Cell #: _____ Flight Information <input type="checkbox"/> Incoming <input type="checkbox"/> [Multiple] Last Arrival Departure City: _____ <input type="checkbox"/> Outgoing Airline: _____ Flt#: _____ Flight Time: _____

Comments: _____

RETURN SERVICE (Circle One) VAN Shuttle / Private • SEDAN • MINIBUS • TOURBUS • LIMOUSINE	
Quoted Amount \$ _____ + (20% Driver gratuity)\$ _____ = \$ _____ (Full Name) Person in charge: _____ Pick Up Location: Airport <input type="checkbox"/> MCO <input type="checkbox"/> Sanford/Orlando <input type="checkbox"/> Melbourne Intl <input type="checkbox"/> Port / Ship Name: _____ <input type="checkbox"/> Other: _____ Destination Location: <input type="checkbox"/> Port / Ship Name: _____ <input type="checkbox"/> Other: _____ Special Needs: __ Baby Seat(s) __ Booster Seat(s) __ Pet(s)	Date of Service: ___/___/_____ # in Party: _____ Contact Cell #: _____ Flight Information <input type="checkbox"/> Incoming <input type="checkbox"/> [Multiple] Last Arrival Departure City: _____ <input type="checkbox"/> Outgoing Airline: _____ Flt#: _____ Flight Time: _____

Comments: _____

For other transfers required, please complete on additional form(s). **Signatures must be handwritten.**
 If emailing form, we prefer the PDF format and recommend using Nitro PDF Reader (<http://www.nitroreader.com/>) and allows you to enter text right on the form or convert scanned images into PDF.

PAYMENT AUTHORIZATION	Credit Cards accepted (Circle One) VISA / MASTERCARD / DISCOVER
Full Name on Card: _____	CVC2 code: _____ (last 3-digits on back of credit card)
Billing Address: _____	Zip Code: _____
Credit Card #: _____	Expiration: ___/___ Total Amount \$ _____
Phone #: _____	Fax #: _____ Backup Contact # _____
Email: _____	

- Client has been given transportation company contact information
- Client has been instructed to present to driver CC for imprint
- Client has been informed that he/she is responsible to inform transportation company of delays or cancellations
- Client agrees extra charges may be added for delayed flights
- Client understands 48 HR cancellation policies to avoid charges of 100%, will be charged should I not use the services without prior notification

Note: Groups with multiple flight arrivals are arranged based on the last incoming flight with only one pick up time. No exception will be made for delayed flights. We monitor the flights, delayed passengers will be accommodated at additional charges.

I _____ authorize to charge my credit card for the above services.