TERMS OF CONTRACT

From this time forward the Person who confirms the Limousine Service will be referred to as "Client"

1. DEPOSIT

A Deposit is required to reserve limousine, if deposit has not been made limousine cannot be reserved.

(A) There is a $100.00 per car and $200.00 for "Big Dog" non-refundable deposit.

(B) Deposit may be made by cash, check, money order, American Express, Discover, Master Card and Visa.

2. DAMAGES/TERMINATION OF SERVICE

SMOKING IS STRICTLY PROHIBITED

(A) Client's obligation is to have the best time they possibly can. In the event that a Client or a member of their party becomes disorderly or is caught showing disregard to property, their Chauffer has the right to terminate service. If there is any damage to property owned by RIGHT LIMOUSINE & SEDANS, Client agrees to reimburse RIGHT LIMOUSINE & SEDANS for all damages done to the property. If client confirmed with a credit card they agree to allow RIGHT LIMOUSINE & SEDANS to bill that credit card for any damage fees they may incur and no refunds will be made for remaining time of service.

LIST OF ALL DAMAGE FEES

(a) $100.00 sick fee per person & time someone vomits.

(b) $3.00 per glass if taken or broken. # of glasses in vehicle at time of service _____

(c) $25.00 per decanter if broken or taken # of decanters in vehicle at time of service_____

(d) Excessive disregard for property $50.00 Clean up fee.

(e) Client will be responsible for total repair or replacement cost due to any vandalism done by themselves or members of their party.

3. REFUND POLICY

RIGHT LIMOUSINE & SEDANS does have a fully equipped garage that provides the highest standard of maintenance. However, most devices, no matter how well maintained, do have unpredictable failures at times. In the event that this does occur and the limousine is unable to continue service (after a 15 minute time frame, for repair or a replacement limousine) than only the remaining time of service will be prorated by our office, and a refund will be issued. Refunds will not be offered due to any malfunctions of any amenities within the limousine.

NO OTHER REFUNDS, FOR ANY REASON, WILL BE MADE

4. LIABILITY – The total Liability of Right Limousine & Sedans Inc. under this contract for any claim howsoever arising shall not exceed the price of the service as set forth in this contract. Right Limousine & Sedans, shall not be liable for any consequential loss that arises from a breach of duty in contract or in any other way.

5. PAYMENT - All balances are due at the (1st) first pick up, no exceptions will be made

(A) Right Limousine & Sedans, accepts cash, money order, American Express, Discover, MasterCard or Visa.

6. GRACE PERIOD

(A) A fifteen (15) minute grace period shall be established for a late arrival of your limousine due to weather, traffic or any other misfortune. Your time will be made up at the end.

7. CHAUFFER RESPONSIBILITY

(A) It is the Chauffeurs responsibility to arrive at designated area in uniform, with a clean fully prepped limousine with all complimentary amenities provided by RIGHT LIMOUSINE & SEDANS (water or soda, ice, glasses and red carpet) on time or fifteen (15) minutes early.

8. GRATUITY

A gratuity is a gift for great service. If a Chauffer goes above and beyond your expectations than a gratuity is greatly appreciated. Chauffeurs are compensated for service and expenses incurred due to tolls, gas, etc. by RIGHT LIMOUSINE & SEDANS. Gratuity is given at the clients discretion based upon the service provided by the Chauffer.

I have read and agreed to the terms of this contract. I am also aware that I have the right to decline service at this time.

SERVICE AMOUNT_____
DEPOSIT AMOUNT_____
SUB-TOTAL _____
O/T AMOUNT _____
GRATUITY _____
ADDITIONAL FEES_____
TOTAL _____

_____ _____
CLIENTS SIGNATURE DATE

_____ _____
CHAUFFERS SIGNATURE DATE

I, _____ HAVE CHOSEN TO DECLINE SERVICE
FOR THE FOLLOWING REASON_____
_____

_____ _____
CLIENT SIGNATURE DATE

THANK YOU FOR CHOOSING RIGHT LIMOUSINE & SEDANS!

_____	_____	_____
DATE	**AMOUNT**	**AUTH #**
_____	_____	_____
DATE	**AMOUNT**	**AUTH #**
_____	_____	_____
DATE	**AMOUNT**	**AUTH #**

_____
AUTHORIZATION SIGNATURE
I agree to credit card charge for Balance Due and additional fees, if any

RECEIPT REQUESTED: YES or NO **MAIL:_____ FAX:_____**