

2010 VEHICLE RESERVATION APPLICATION FORM

One Reservation Per Form

ONE APPLICATION PER VEHICLE. FAXES WILL NOT BE ACCEPTED. RESERVATIONS/TICKETS ARE NON-TRANSFERABLE.

Profile number: _____ Profile name: _____

Please provide the following information for **CUSTOMER TRAVELING**:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: (_____) _____ Island phone: (_____) _____

Evening phone: (_____) _____ Cell phone: (_____) _____

Email address: _____

Include the following number of passengers on vehicle ticket (optional): Adults: _____ Children (ages 5-12): _____

Vehicle Information - License plate numbers must be provided. License plate must match vehicle traveling.

Year: _____ Make: _____ Model: _____

License Plate: _____ State: _____

IS THIS VEHICLE OVER 6 FEET IN TOTAL HEIGHT?	NO	YES	Total Height: _____ FEET
IS THIS VEHICLE TOWING A TRAILER	NO	YES	Trailer Length: _____ FEET
Please list overall vehicle length if it exceeds 17 feet (bumper to bumper)			Overall Length: _____ FEET

Purchase implies acceptance of all terms and conditions of tariff with regard to cancellation, change and refund policies.

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DATE	FROM					TO					TIME	
DEPARTURE _____ - _____ - _____	WH	VH	OB	NT	HY	WH	VH	OB	NT	HY	_____ : _____	AM PM
DEPARTURE _____ - _____ - _____	WH	VH	OB	NT	HY	WH	VH	OB	NT	HY	_____ : _____	AM PM

If desired times are not available, we will give you the closest available reservation. Please provide us with a range of time for your travel availability so that we can book the best reservation and wait list appropriately.

DEPARTURE _____ - _____ - _____	WH	VH	OB	NT	HY	WH	VH	OB	NT	HY	_____ : _____	AM PM
DEPARTURE _____ - _____ - _____	WH	VH	OB	NT	HY	WH	VH	OB	NT	HY	_____ : _____	AM PM

Payment of Reservation - Prepayment of vehicles is required. Please specify method of payment (check one). If check or money order, please enclose payment.

CHECK ENCLOSED: _____ MASTERCARD: _____ VISA: _____ DISCOVER: _____ AMERICAN EXPRESS: _____ SSA GIFT CARD: _____

Credit Card & Cardholder Information - For all credit card orders, please provide the following information:

Credit Card #: _____ Expiration Date: _____ / _____ * CCV: _____

* For MasterCard, Visa & Discover - on back of card, provide the last 3 (three) digits appearing on signature strip after credit card number.

* For American Express - Please provide the 4 (four) digit code located above the embossed credit card number on front of card.

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip Code: _____