

## 2019 VEHICLE HEADSTART RESERVATION APPLICATION FORM

ONE RESERVATION PER FORM. FAXES WILL NOT BE ACCEPTED.

**Is this a reservation you plan on transferring by 05/15/19 or 30 days prior to the departure of the first segment of the reservation?    Yes \_\_\_\_\_ No \_\_\_\_\_**

Profile number: \_\_\_\_\_ Profile name: \_\_\_\_\_

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

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: \_\_\_\_\_

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

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			
DEPARTURE _____ - _____ - _____	WH VH OB NT HY	WH VH OB NT HY	____ : ____ AM PM
<b>48hrs.    24hrs.    Noon day prior to travel    User Specified: _____</b>			
DEPARTURE _____ - _____ - _____	WH VH OB NT HY	WH VH OB NT HY	____ : ____ AM PM
<b>48hrs.    24hrs.    Noon day prior to travel    User Specified: _____</b>			

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

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:** \_\_\_\_ / \_\_\_\_ **\*CVV:** \_\_\_\_\_

**\*MasterCard, Visa & Discover** - Please provide last 3 (three) digits appearing on signature strip after credit card number

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

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

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_