



SHUTTLE ITINERARY CONTRACT

A Shining Star Limousine Service SOUTH JERSEY: 609-242-0030
561 US Hwy. 9 North Suite # 2, CENTRAL JERSEY: 732-269-1222
Bayville, NJ 08721 FAX: 732-269-1226

Email: info@sstarlimo.com
Website: www.sstarlimo.com

Thank you for choosing A Shining Star Limousine Service for your shuttle service. In order to provide you with outstanding service we will need you to fill out the following questionnaire and either mail, fax or email it to us no later than 30 days before your wedding date. Shuttles are reserved on a one and a half (1-1/2) hour minimum

SERVICE INFORMATION

Date of Service: _____ Type of Vehicle: _____

How Many Shuttles Needed: _____

One Way or Round Trip: _____

Bride & Groom Name: _____ Phone: _____

PICK UP INFORMATION

Facility Name: _____ Phone: _____

Pick Up Address: _____

Pick Up City: _____ State: _____ Zip: _____

1st Shuttle Start Time: _____

2nd Shuttle Start Time: _____

Approximate Number of Guests to be Transported with Shuttle Service: _____

DROP OFF INFORMATION

Facility Name: _____ Phone: _____

Drop Off Address: _____

Drop Off City: _____ State: _____ Zip: _____

1st Shuttle End Time: _____

2nd Shuttle End Time: _____

Approximate Number of Guests to be Transported with Shuttle Service: _____

RETURN INFORMATION

Facility Name: _____ Phone: _____

Pick Up Address: _____

Pick Up City: _____ State: _____ Zip: _____

1st Shuttle Start Time: _____ End Time: _____

2nd Shuttle Start Time: _____ End Time: _____

Approximate Number of Guests to be Transported with Shuttle Service: _____

Shuttle(s) will run continuously for the set time and will do as many trips as necessary between both facilities. Additional hours are rated and based upon entering into any part of the half hour after the original time is determined and set forth above. The signer assumes full financial responsibility for any damages to the vehicle or property caused by occupants, whether by accident, neglect or intent.



SHUTTLE ITINERARY CONTRACT PG.2

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CHARGES & RATES

1) Shuttle: _____	Hrs. _____	Rate: _____	Base Rate: _____
2) Shuttle: _____	Hrs. _____	Rate: _____	20% Gratuity: _____
			Tolls: _____
			Fuel Surch.: _____
			Misc. Fees: _____
			Contract Total: _____
			Deposit: _____
			Balance Due: _____

Important: Additional hours on the shuttle is rated and based upon entering into any part of the half hour after the original time is determined and set forth above.

Name on Credit Card: _____

Billing Address: _____

Billing City: _____

Billing State, Zip: _____

Email Address: _____ Phone: _____

Credit Card #: _____ Exp. Date: _____ Security Code: _____

The authorized signer does hereby grant permission for A Shining Star Limousine LLC to charge my credit card for services rendered. All deposits are final and are non-refundable, balance must be paid in full 1 week before wedding day. In the event that the transaction is charged back to a shining star limousine services , without dispute , reduction or set-off and suit is instituted, I the client or authorized signer agree to pay in addition to the balance owed a 33% attorney's fee, any interest or court costs.

Customer Signature: _____

A Shining Star: _____