



RPD Limousine
 359 Route 22, East Green Brook, NJ 08812
 TEL: 732-968-5300 FAX: 732-968-8066 EMAIL: info@allstarlimonj.com
 www.rpdlimo.com

Hourly Contract

Date: _____ Day: _____ Vehicle(s): _____ # Of Pass: _____
 Name: _____ Contact No: _____
 Pickup Address: _____
 Pickup Time: _____
 Stops: _____
 Drop Off Address: _____

Duration: _____
 Base rate: _____
 Gratuity: _____
 Tax: _____
 Tolls: _____
 Contract Total: _____
 Deposit: _____
 Balance Due Cash Only: _____

**** PAYMENT IS DUE UPON ARRIVAL OF LIMOUSINE**:**

Overtime to be charged after: _____ AM/PM at the rate of \$_____ per half an hour

I understand the terms and conditions therein of this contract. A minimum of 30% non refundable deposit is due upon signing of this contract. FINAL PAYMENT IS DUE 24 HOURS PRIOR TO THE DATE SERVICE IS RENDERED. No smoking is allowed in our vehicles. The undersigned is responsible for any damage caused to the vehicles by themselves or others allowed in the vehicle. There is a \$300.00 sanitation charge for vomit, food or fluid spills within the vehicle. RPD Limousine is not responsible for any lost, stolen or damaged articles. If cancellation occurs within 30 days of the contracted date, the undersigned is accountable for the full balance of this contract. RPD Limousine reserves the right to make comparable substitutions in the event of an unforeseen mechanical failure. RPD Limousine guarantees that all our vehicles are constantly checked to keep the highest possible standards and eliminate such failures as much as possible. If any of our above guarantees or contracted terms cannot be met due to conditions outside our control, including weather, accidents and any other acts of god, including but not limited to traffic congestions, road closures, accidents etc., We will use our efforts to notify the customer of these conditions and resulting delays or changes. Failure to comply with the above terms and conditions will result in forfeiture of payments and automatic termination of the trip.

Print Name: _____ Signature _____

Contact Email: _____ Date: _____

Credit card Number _____ Exp. Date: _____ CVV _____