



# PROM CONTRACT

<b>Contract No:</b> _____	<b>From Date:</b> _____	<b>From Location:</b> _____
<b>Type of Vehicle:</b> _____	<b>Color:</b> _____	<b>Maximum # of Passengers:</b> _____

Client Name: \_\_\_\_\_ Student Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Pick-Up Address:**

**Drop-Off Address:**

Overtime Authorized:  YES  NO

The information Below Must Be Filled Out Completely

Passenger Name	Passenger Address	Parent/Guardian Home Phone & Cell # & Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

Prom Package Selected: \_\_\_\_\_  
 A maximum of seven hours of base prom hours at the package base rate of: \_\_\_\_\_  
 plus 20% gratuity, plus 11 % STC=\$\_\_\_\_\_, **A prepaid non-refundable deposit of \$\_\_\_\_\_ made by:**

Cash  Check  Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Additional tolls, over-time & gratuity are not included in this quote and will be collected by the chauffeur.

Amount: \$ \_\_\_\_\_  
 Gratuity \$ \_\_\_\_\_  
 STC @ 11% \$ \_\_\_\_\_  
 Less 50% deposit \$ \_\_\_\_\_  
 Balance: \$ \_\_\_\_\_

BALANCE of \$ \_\_\_\_\_ due at first pick up \_\_\_\_\_  
 (Contact & Address of 1<sup>st</sup> pick up)

**ADDITIONAL OVERTIME** will be charged after seven hours at the vehicle rate of \$ \_\_\_\_\_ per-hour, plus expenses, 20% gratuity, tolls and 11% STC. Hourly rates are calculated from local area pick-up to local area drop-off. Travel time will be charged for a drop-off that is not in our local area (example: Wildwood= 4 hrs travel time; Seaside= 1 hour travel time, etc.) which is calculated from the drop off time at final destination.

**Vehicle is not to exceed the maximum number of passengers.** Any damages done to vehicle will be in addition to the total amount due.

**MINOR PASSENGER AGREEMENT FOR LIMOUSINE SERVICES**

1. It is unlawful for a minor to possess or consume alcoholic beverages.
2. There will be no alcoholic beverages or illegal substances transported in the passenger compartment or carried in the trunk, or any other locked compartment in the vehicle.
3. Chauffeur retains the right to examine all bags or parcels to be placed in the vehicle to determine if they contain alcohol or illegal substances.
4. If it is determined, at any time, that any passenger(s) are found to have in their possession, or have been at any time during the course of the service consuming alcohol or illegal substance, the service shall be terminated, then and there. Parents will be required to pick up their children.
5. If termination results, all money shall be forfeited and a parent or guardian shall be notified. Driver shall retain the option of returning to the point of pick-up or ending the service at the point of infraction.
6. There will be **No Smoking** in the vehicle.
7. At no time during the course of service will individuals not entered on page 1 of this

- agreement be permitted access to transportation in the vehicle or its compartments.
8. Due to the high risk insurance factor, both the moon roof and divider windows will be rendered inoperable throughout the transportation services. Divider windows will remain open at all times allowing supervision by the chauffeur.
  9. Each parent of a teen passenger must provide a phone or cell phone contact number in case of violation or emergency.
  10. Signature besides each name indicate that this contract has been read and accepted by the parents and passengers listed.
  11. I also agree to pay for any damages to the interior of the vehicles. There will be a charge of \$75.00 per vehicle to clean the interior if there is excess debris. (including spilt beverages and food). There will be an additional charge of \$200.00 per vehicle if anyone gets sick. If any passenger smokes there will be a charge of \$100.00 to clean and deodorize the vehicle.

C.A.T. Limousine will not be held liable for circumstances beyond our control including but not limited to road conditions, mechanical breakdowns, and weather. I, the undersigned, agree to pay the balance due at the pick-up. I understand, if cancellation is made there will be **NO REFUND** of deposit. Client is responsible for all costs involved in collection of this billing including but not limited to court and attorney's fee.

**I HAVE READ AND UNDERSTAND THIS CONTRACT**

\_\_\_\_\_ Date: \_\_\_\_\_  
 (Client's Signature)

\_\_\_\_\_ (Print name- **must be over 25 years of age**)      \_\_\_\_\_ (Relationship to Passenger)

C.A.T. Limousine, Inc.

\_\_\_\_\_ Date: \_\_\_\_\_  
 (Supervisor's Signature)



**C.A.T. Limousine  
 203 Route 9 South  
 Englishtown , NJ 07726**

**Toll free # (888)252-2242, Local # (732)972-2202,  
 Fax # (732)972-9603**

# ADDITIONAL STOPS AND NOTES

STOP #1, Name:

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STOP #2, Name:

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STOP #3, Name:

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STOP #4, Name:

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NOTES

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