

❧ Diamond Chariots Limousine Service ❧

P. O. Box 423, Clyde, Ohio 43410 (419) 355-6253

FUNERAL CONTRACT

Funeral Date ____/____/____ Day _____ Limo Name _____ # Passengers _____

Contact Name _____ Phone # _____

Contact Address _____ Cell # _____

Contact Email _____

Deceased Name: _____ Funeral Director _____

Parlor _____ Phone # _____ Time _____ AM PM

Address _____

Church _____ Phone # _____ Time _____ AM PM

Address _____

Cemetery _____

Address _____

Special Instructions _____

HOURS _____ OVERTIME BEGINS @ _____ @ \$ _____ PER HOUR/CASH ONLY

PACKAGE _____ HOURS

Method of Payment CASH _____ CHECK _____ CREDIT CARD _____

Limousine \$ _____

Credit Card # _____

Gratuity \$ _____

V Code: _____ Exp Date ____/____/____

Tax \$ _____

Cardholder Name _____

Sub Total \$ _____

Address _____

Deposit \$ _____

(Non-Refundable Deposit)

Deposit Amount \$ _____ Date _____

Balance \$ _____

Balance Due \$ _____ Date _____

Add'l Payment \$ _____

Driver _____

Balance Due \$ _____

Contract Agreement: Deposits are non-refundable unless vehicle is rescheduled then a full refund will be given. Please observe our non-smoking policy. The client is responsible for guests and assumes full financial responsibility for any damages to vehicle caused by client or guest whether by accident, neglect, or intent. We assume no responsibility for articles left in vehicles. Driver is not responsible for illegal acts during rental. Driver may terminate charter at any time without refund if they deem the party unruly or endangering the safe operation of the vehicle. We will not be responsible for any delays or inconveniences due to traffic, unforeseen mechanical failures, or situations deemed an "Act of God". We reserve the right to substitute alternative vehicles in the event of an occurrence beyond our control. Client assumes full financial responsibilities for all payments due at the end of the charter, including overtime, gratuity, and damage fees. Regurgitation fees are \$300, everything else will be estimated by a professional. Client authorizes charges to credit card, with/without imprint. WE AGREE TO THE ABOVE TERMS & CONDITIONS.

Clients Signature of Authorization _____ Date: ____/____/____

Diamond Chariots Representative _____ Date: ____/____/____

CONTRACT IS NOT VALID UNTIL SIGNED BY A DIAMOND CHARIOT REPRESENTATIVE AND A DEPOSIT CHECK HAS CLEARED OUR BANK

