

Telephone (250) 545-3337
Fax (250) 545-3830
e-mail : vernontaxi@gmail.com

*Vernon***TAXI Inc.**

BOX 788, Vernon, B.C. V1T 6M7

CHRISTMAS PARTY Authorization:

Company: _____

Name of Organizer: _____

Mailing Address: _____

Phone # _____ Fax #: _____

Date of Event: _____

Place of Event: _____

Number of People Attending Event: _____

Allowing People Attending To Charge:

- To Event Only
- Home From Event Only
- To and From Event
- All Night
- A Max Amount of \$ _____ Per Trip

The People Attending Will Be Supplied With Vouchers:

- Yes (if yes, please attach a copy of voucher or business card)
- No

Amount To Be Added To Tip Driver:

- 5%
- 10%
- 15%
- \$ _____ Per Trip

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Payment Method:

- Cheque - Please Hold My Credit Card as Collateral
- Credit Card
- Account # _____ (Please contact us to verify that account is still active)

Credit Card Number: _____

Expiry Date: _____

Name on Credit Card: _____

Signature: _____