

HOW TO BOOK

"Fill it, Sign it and Fax/Email us" 140 East Ridgewood Ave. Suite 415 S, Paramus, N.J 07652

Telephone (201)724-7565 | Fax. (201)589-6000

Give us a call or visit our site at: www.njroyallimo.com | email: info@njroyallimo.com | Most major credit cards accepted. 24/7 Customer service!









DILLIN	IG FORIVI	☐ Corporate ☐ Individual ☐ I ravel Agent
Company information	Company Name:	
	Address:	
	City:	State: Zip Code:
Contact Person	Name:	
	Position:	
	Phone:	Fax: Cell:
	e-mail:	
Credit Card information	Type:	O Visa O Master Card O American Express O Discover O Other
	Name on Credit card	
	Number:	
	Authorized Signature:	X EXP / CVV
AUTHO	ORIZATION	
I,	(1)	(THE)
of		(Tittle) am authorized to act as an agent or representation
	(Con	npany name)
for in entering into this Agreement to open a Bill (Company name)		
Accou	nt effective	
transpo	ortation serv	vices Lagree that Land/or
(Company name) will be held fully responsible for payment of all charges made to this account.		
		e to the fallowing terms:
	1.	Payment is to be remitted within 30 days of invoice.
		Otherwise N.J Royal will be authorized to charge credit card on file.
	2.	There is a \$30.00 fee for returned/insufficient checks.
Х		
(Authorized representative signature) (Date)		

CANCELLATION POLICY

- Cancellations must be received at least 12 hours prior to scheduled pick up time to avoid charge
- Charters and other special events must be canceled at least 24 hours in advance to avoid charge
- A "No show" (i.e., reservations not cancelled properly) will be billed as full rate plus 20% gratuity

