

ORDER FORM**DCH**
Total Transport Solutions

Control Room (Tel) 3193 9288

Reservation Office (Tel) 2262 1888 (Fax) 2753 6768 Website: <http://www.dchml.com.hk>

Email: limo@dchml.com.hk

(Office hour: Monday–Friday: 0900-1800hrs, Saturday: 0900-1300hrs, Sunday & P.H. is closed)

CUSTOMER INFORMATION

COMPANY NAME:			
COMPANY ADDRESS:			
	CONTACT PERSON	PASSENGER	
NAME:			
TEL. NO.:			
FAX NO.:			

TRIP DETAILS

1 ST TRIP				2 ND TRIP			
DATE (DD/ MM/ YY)	FLIGHT NO.	PICK UP TIME	NO. OF PASSENGER	DATE (DD/ MM/ YY)	FLIGHT NO.	PICK UP TIME	NO. OF PASSENGER
PICK-UP PLACE:							
STOPOVER:							
DESTINATION:							
CAR MODEL: <input type="checkbox"/> BENZ S Class <input type="checkbox"/> MPV <input type="checkbox"/> 23-seater Coach <input type="checkbox"/> 49-seater Coach							
OTHER INSTRUCTION:							
** For Pick up at the Airport, please approach to the Counter B01 at the Arrival Hall directly. **							

FARE

AMOUNT (HK\$) Airport/Local Transfer: _____ per trip Hourly Hiring: _____ per hour (minimum 3 hours) + tunnel & parking fee Note: (1) 50% will be charged for cancellation within (i) 3 hrs for Local Trip (ii) 24 hrs for Cross Border MPV (iii) 3 working days for Cross Border Coach; (2) For Local Trip, cancellation <u>within 1.5 hours</u> will be charged fully. (3) Passenger no show will be charged fully. (4) The maximum free waiting time for each transfer: (i) Arrival at airport →1 hour after flight landed (ii) Departure →15 minutes after designated pick up time (iii) Arrival at cruise terminal, railway station & pier →15 minutes after designated pick up time; After free waiting time, 50% of hourly rate will be charged for every 30 mins.	<input type="checkbox"/> CREDIT A/C <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MASTER NAME OF HOLDER: _____ CARD NO.: _____ EXPIRY DATE: _____
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ORDERED BY & CO. CHOP _____

DATE _____

FOR DCH USE ONLY

LIMO TYPE: _____	ZONE: _____	ORDER NO.: _____
BANK APPROVAL CODE: _____		APPROVAL DATE: _____
ORDER CONFIRMED BY: _____		CONFIRMED DATE: _____
REMARKS:		

