

MOBILE BAY TRANSPORTATION
PENSACOLA BAY TRANSPORTATION
RESERVATION REQUEST

FAX:251/633-7972

Arrival _____ Departure _____ (Check One)

Order Taken On _____ By _____
(Date) (Name)

Callers Name _____

PASSENGER INFO

Name: _____

Phone: () _____

Fax: () _____

METHOD OF PAYMENT

CREDIT CARD INFO:

Name on Card: _____

Card # _____

Exp. Date: _____

Must Have the following for CC Charges!!!

>V= CODE _____ On back -signature
line- last 3 numbers after account number

>ADDRESS= _____ # only - DO NOT need
street name

>ZIP CODE= _____

Authorization Code: _____

CHARGE TO:

Account Name _____

Name of Person Charging _____

PREPAID: Check received on _____
(Date)

CASH: _____
(Indicate with a X)

TRIP INFORMATION

Day and Date _____

Origination Point _____

Destination _____

Time: _____ # of Passengers _____

Flight #: _____

Other: _____

Amount Quoted: _____

REPEAT ABOVE INFORMATION TO CUSTOMER BEFORE COMPLETING TELEPHONE CALL

Also remind the customer of our 24 Hour cancellation policy