



FAX BOOKING FORM

Please fill this form out in black pen with clear writing and fax to +61 3 9386 5105
Please note we need 24 hours notice for fax bookings to ensure successful confirmation.
For urgent bookings please call us on our tollfree number at 1800 847 227

Passenger Information

Date Now: ____/____/____

Full Name: _____

Address: _____

Suburb: _____ State: _____ Country: _____

Contact Details

Telephone: _____ Mobile (Cell) Phone: _____

Email Address: _____

Service Details

Date of requested service: ____/____/____ Pickup Time: _____ am/pm

Number of Passengers - Adults: ____ Children: ____ Baby Seat/Booster Required: _____

Vehicle Type: _____ Vehicles Required: _____

Pick up Details

Airport: _____ Flight No: _____ Terminal: _____

OR

Street Address: _____

Suburb/Town: _____ Post Code: _____ Hotel Name: _____

Preferred Time of Arrival: _____ am/pm

Destination Details

Airport: _____ Flight No: _____ Terminal: _____

OR

Street Address: _____

Suburb/Town: _____ Post Code: _____ Hotel Name: _____

Preferred Time of Arrival: _____ am/pm

Payment Information

Preferred Payment Method: Credit Card Cheque Cash (please circle one)

Credit Card Details: Cardholder Name: _____

Cardholder Address: _____

Cardholder Suburb: _____ Phone: (____) _____

Card Type: Mastercard Visa Amex Diners (please circle)

Card Number: ____ - ____ - ____ - ____ Expiry Date: ____ / ____

Cardholder Signature: _____