

RESERVATION REQUEST FORM

For Corporate Clients



*Organization to be Billed: _____

*Transportation Day: Mon Tue Wed Thu Fri Sat Sun *Transportation Date (mo/day/yr): _____

*Passenger Name: _____ *Room or Floor #: _____ * Male Female

*Primary Phone: _____ *Name & Relation to Passenger: _____

*Secondary Phone: _____ *Name & Relation to Passenger: _____

*Pickup Facility, Address & City: _____

*Destination Facility, Address & City: _____

*Mobility status: Manual Wheelchair Power Wheelchair Scooter Ambulatory (able to walk)

Wheelchair / Scooter Width: less than 30" more than 30" (MUST indicate width) _____ (standard chairs are approx 25" width)

*Total weight of the passenger & mobility device is: less than 350 lbs more than 350 lbs (MUST indicate weight) _____

For medical appts, indicate: *Doctor / Practice name _____ *Suite # _____ *Phone # _____

For airport pickups, indicate airline, flight # and arrival time: _____

*Requested pick-up time, indicate AM or PM: _____ *Appointment time, indicate AM or PM: _____
Actual pickup time scheduled may vary *Appointment time = time you want to arrive at your destination*

*Will this be: One-way transportation Roundtrip transportation

*If Roundtrip, Indicate Return Status:

WILL-CALL, estimated return time is _____ (You will call when appointment is over, we'll send first available driver. N/A on holidays.)

EXACT time _____ (Wait fee or no-show fee is applicable if not ready)

WAIT, and the estimated length of wait is _____ hours (Wait fee is \$48/hr and is billed in 15 minute increments)

*Number of escorts traveling with passenger: _____ Escort Name & Phone: _____

Authorized representative submitting this reservation:

*Name: _____ *Title / Relation: _____

*Email: _____ *Phone: _____

Notes: _____

BY SUBMITTING THIS RESERVATION REQUEST FORM, CUSTOMER AFFIRMS RECEIPT OF AND AGREES TO BE BOUND BY THE TOOTL TRANSPORT TERMS AND CONDITIONS