RESERVATION REQUEST FORM For Private Pay Passengers



*Name of Credit Card Holder to be Billed:	
*Transportation Day: □Mon □Tue □Wed □	Thu □Fri □Sat □Sun *Transportation Date (mo/day/yr):
*Passenger Name:	*Room or Floor #: * \(\text{Male} \) 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 ☐	l Power Wheelchair ☐ Scooter ☐ Ambulatory (able to walk)
Wheelchair / Scooter Width: ☐ less than 30"	☐ more than 30" (MUST indicate width) (Standard chairs are apprx 25" width)
*Total weight of the passenger & mobility device	ee is: □ less than 350 lbs □ more than 350 lbs (MUST indicate weight)
For medical appts, indicate: *Doctor / Practice 1	name*Suite # *Phone #
For airport pickups, indicate airline, flight # and	arrival time:
*Requested pick-up time, indicate AM or PM: _Actual pickup time scheduled may vary	*Appointment time, indicate AM or PM: 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	o-show fee is applicable if not ready)
☐ WAIT, and the estimated length of wait is	S 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 reserva	ation:
*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