

Order Form for Limousine Services



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E-mail: Limousines@proskegroup.com

ESC Limousine Private Service		
Date/s of Service/s:		
Expected time and duration of Service/s:		
Client's Hotel:		
Category of Service: Please indicate	<input type="checkbox"/> Economy Class <input type="checkbox"/> Business Class <input type="checkbox"/> Premium Class <input type="checkbox"/> "Let's Join" Class	Special requests:
Name to be shown on Sign:		

Sender / Ordering Company		
Name:		
Contact Person:		
Address:		
Postal Code:	City:	Country:
Tel:	Fax:	E-mail:

Accounting Data Form		
Company or agency to be invoiced:		
Contact Person:		
Address:		
Postal Code:	City:	Country:
Tel:	Fax:	E-mail:
Payment will be made by bank transfer (details will be given on the invoice) or by credit card (please fill in the following information)		
<input type="checkbox"/> Visa	<input type="checkbox"/> Eurocard / Mastercard	<input type="checkbox"/> American Express
Credit Card N°:	Expiry Date:	Cardholder's Name:

Date:	Contact Name:	Signature:
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