



www.smartridets.com | smartridets@att.net | 789-349-3109

SmartRide Private Event Transportation Registration Form

CLIENT INFORMATION

1. Full Name: _____
 2. Company/Organization (if applicable):

 3. Primary Phone Number: _____
 4. Alternate Phone Number: _____
 5. Email Address: _____
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PICK-UP & DROP-OFF DETAILS

1. Pick-up Address: _____

 2. Drop-off Address: _____
 3. Event Name or Type: _____
(e.g., Wedding, Corporate Event, Party, Conference, Airport Transfer)
 4. Date of Event: ____ / ____ / ____
 5. Expected Number of Passengers (Max 14): _____
 6. Luggage or Equipment? (if any): _____
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SCHEDULE & SERVICE DETAILS

1. Pick-up Time: _____ AM / PM
2. Return Time (if round trip): _____ AM / PM
3. Service Requested (Check all that apply):
 - ☐ One-Way Drop-off
 - ☐ One-Way Pick-up
 - ☐ Round Trip
 - ☐ On-Call / Hourly Service
4. Additional Stops or Special Instructions:

EMERGENCY CONTACT

1. Full Name: _____
2. Phone Number: _____
3. Relationship to Client/Group: _____

BILLING INFORMATION

1. Name on Payment Account: _____
2. Preferred Payment Method:
 - ☐ Cash
 - ☐ Zelle
 - ☐ Credit/Debit Card
 - ☐ Other: _____
3. Payment Terms:
 - ☐ Deposit – 50% required to confirm booking
 - ☐ Remaining balance due before service date

4. Billing Address (if different): _____

5. Are you requesting multiple-day service? ☐ Yes ☐ No
If yes, specify dates: _____

TERMS, AGREEMENT & CONSENT

By signing this form, I confirm that all information provided is accurate and current.

I understand that all payments must be made according to SmartRide Transportation Service's payment policy and that reservations are confirmed only upon receipt of deposit or full payment.

I acknowledge that SmartRide Transportation Services maintains insured, regularly inspected vehicles and professional, background-checked drivers. Safety, punctuality, and comfort are the company's top priorities.

I agree to abide by all SmartRide policies, including cancellation, safety, and conduct guidelines.

Client Signature: _____

Print Name: _____

Date: ____ / ____ / ____

OFFICE USE ONLY

Date Booked: ____ / ____ / ____

Assigned Driver: _____

Vehicle Number: _____

Total Cost: \$_____

Deposit Received: \$_____

Balance Due: \$_____

Notes: _____