



[www.smartridets.com](http://www.smartridets.com) | [smartridets@att.net](mailto: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:  

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 **EMERGENCY CONTACT**

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

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 **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: \_\_\_\_\_