

Name of Customer	
Bride & Groom	
E-mail	
Address (please include postcode)	
Contact Telephone No.	

Date of Occasion	
Arrival Time and Starting Location	
Wedding Venue and Time	
Reception Venue	
Additional Information	
Please tick the car / cars you wish to book.	<input type="checkbox"/> Angela <input type="checkbox"/> Anne <input type="checkbox"/> Carolyn <input type="checkbox"/> Deborah <input type="checkbox"/> Emily <input type="checkbox"/> Grace <input type="checkbox"/> Judith <input type="checkbox"/> Olivia

Total Amount Due	£
Deposit	£ <i>(30% non-returnable)</i>
Balance	£ <i>(Payable 4 weeks before event. Cheques made to Clover Care)</i>

Supplier's Signature	Date
Customer's Signature	Date

Conditions of Contract *Please read the following information*

1. Clover Care reserves the right to provide alternative transport in the event of circumstances beyond our control that prevent us from fulfilling the above terms. In such and event any necessary adjustments to the prices quoted will be made
2. If such a substitution (as stated above) were not possible, the liability of Clover Care shall be strictly limited to the return of the total hire charge paid under the terms of the relevant booking.
3. In the event of the customer cancelling the booking within three months of the agreed date (as stated above) the full balance will be due.
4. We operate a non-smoking policy