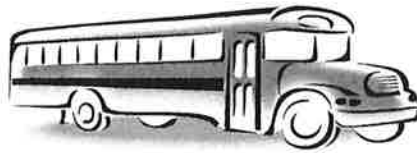


We Transport, LLC

80 Logan Street
Bridgeport, CT 06607
Phone: (203)883-8081
Fax: (203)883-8082



* CHARTER RESERVATION FORM

School / Group Name _____

Contact Name _____

Mailing Address _____

Phone () _____ Fax () _____

→ **IF BILLING- DO NOT USE THIS SECTION IF YOU DO NOT HAVE AN APPROVED ACCOUNT WITH US (responsible party info):**

Name: _____ Dept.: _____

Billing Address: _____ PO #: _____

Date of Departure: _____ Pick Up Location: _____
(Full address) _____

How Many Buses: _____

Pick Up Time: _____ Destination: _____
(Full address) _____

Return Time Going To Final Destination: _____

Back at FINAL destination (include travel time) _____ BUS STAY PICK UP DROP OFF

For all out of Bridgeport, Fairfield, Stratford and Trumbull charters. Please calculate the time starting with Pick up Time and Back at Final destination in 15 minute intervals.

Total Hours: _____

PRE-PAY COD BILLED
(If no payment type is selected and verified an automatic COD will be applied)

All buses remaining in the cities of Bridgeport, Fairfield, Southport, Stratford & Trumbull has a flat fee of \$150.00 for drop off and pick up services only between 7 a.m. until 5 p.m.- All other trips are based on the *hourly rate below -this does not includes more than one pickup location and shuttles.

(All buses going outside the city of Bridgeport, Fairfield, Stratford and Trumbull must stay and will be charged an *hourly rate.)

Two hr. minimum PLUS travel time from pick up location per bus.

Fee for Hourly Rate (per bus) \$75.00 per hr. between 7:00 a.m. to 5:00 p.m. (In State)

Fee for Tolls (per bus) (You are responsible at the site) Paid by the customer

Fee for Parking (per bus) (You are responsible at the site) Paid by the customer

Fee for cancellation if driver is dispatched or at school / pick up location \$65.00

•Estimated Grand total including return travel time: \$ _____ X _____ = _____
Price Per Bus Number of Bus(es) Grand Total

All current CDC Safety Guidelines must be followed as well as all students must be seated on the bus while the bus is in motion, it is your responsibility to re-enforce these safety rule. The information listed on this form is an ESTIMATE. The final amount due will be calculated at the conclusion of the trip when the ACTUAL FINISHED TIME can be determined (unless otherwise stated.) All times are billed in 15 min intervals. All trips are charged a minimum of two hours. This form must be signed and returned to We Transport, LLC in order for this trip to be dispatched. We ask that you make your request at least 48 hours in advance. **PAYMENT IS DUE UPON RECIEPT OF THE FINAL INVOICE** if billed. Any invoices left unpaid after a 30 day period will be charged a \$20.00 late fee. Trips will not be dispatched on any open accounts.

Print Your Name _____ & _____ Sign _____ Date _____

Office Use: Booked by: _____ Date: _____ *You will need to call in 24 -48 hours in advance to confirm each of your trips. If booked information is complete by our office you may consider this a fax confirmation. eff:6/1/2022