

Reservation Information for Amalgamated Limousine, Inc.

(Please print , fill out and fax to (301) 770-0434)

Today's Date: _____

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Contact Phone: (____) ____-____ **Cell Phone:** (____) ____-____

Date of Services: _____ **Time of Services:** _____

Number of Persons: _____