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VernonTAXI Inc.

BOX 788, Vernon, B.C. V1T 6M7

Event Authorization:

Company: _____

Name of Organizer: _____

Mailing Address: _____

Phone # _____ Fax #: _____

Date of Event: _____

Place of Event: _____

Number of People Attending Event: _____

Allowing People Attending To Charge:

- To Event Only
- Home From Event Only
- To and From Event
- All Night

The People Attending Will Be Supplied With Vouchers:

- Yes (I have attached a copy of the Voucher I will be using)
- No

Payment Method:

- Cheque - Please Hold My Credit Card as Collateral
- Credit Card

Credit Card Number: _____

Expiry Date: _____

Name on Credit Card: _____

Signature: _____