

Specialty Transportation, Inc.
Avon: 860-470-7200 | Fax 860-470-7097

REQUEST FOR QUOTE

Date of Request: _____

Your Name: _____ Contact Phone: _____

Contact Email: _____ Contact Fax: _____

TYPE OF BUS REQUESTED

44 Passenger Air-Conditioned Activity Bus (Quantity) _____

24 Passenger Air-Conditioned Activity Bus (Quantity) _____

47 Passenger (71 small children) Full Size School Bus (Quantity) _____

22 Passenger Party Bus _____

30 Passenger Luxury Shuttle Bus _____

12 Passenger Luxury Sprinter _____

TRIP DETAILS

Date of Trip: _____

If this is a WEDDING: Start & End Time of CEREMONY: _____ Start & End Time of RECEPTION: _____

Pick up location and address:

Additional Pickup location and address:

Time you need to arrive to your destination: _____ [] AM [] PM

Destination location and address:

Additional planned stop locations & addresses (Please include times you will need to arrive to the additional destinations):

1) _____

2) _____

Time bus leaves destination: _____ [] AM [] PM Expected time of drop off: _____ [] AM [] PM

Special Instructions:

QUOTE

Rate: _____ Misc: _____ Gratuity (If applicable): _____ Total: _____

Hourly rate of overtime: _____ Quoted by: _____ Phone _____

NO BUS IS RESERVED UNTIL CONFIRMED BY CONTRACT & RECEIPT OF DEPOSIT