



Telephone: (604) 408-9378

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www.westtrek.com

chris@westtrek.com

Suite 100 - 736 Granville St
Vancouver, BC V6Z 1G3 PTB # 71255 BC License #35299

Open Agreement beginning:

Date: **September 18th, 2008**

Between:

Between:

Carrier: **West Trek Tours Inc.**
100-736 Granville Street
Vancouver, BC V6Z 1G3

And:

And:

Chartered: **Jane Doe**
ABC Company

2222 West 22nd Avenue
Vancouver, BC
Tel: 604 555 5555 Fax: 604 555 5555
Email: jdoe@abccompany.com

Terms of Agreement:

1. **CHARTER REQUESTS:** All charter requests must be made using the West Trek *Charter Request Form* and emailed or faxed with signature to West Trek
2. **PAYMENT:** We will invoice your business upon completion of the trip.
3. **DEPOSIT:** 15% deposit is required prior to first chartered date.
4. **CANCELLATIONS:** Cancellations received within **72** hours of trip are subject to a fee equal to two hours of service. Cancellations received outside of **72** hours are not subject to fees.
5. **LOST ITEMS:** West Trek Tours Ltd. Is not responsible for lost items.
6. **DAMAGE:** Any damage to a vehicle that is a direct result of any passenger is the sole responsibility of the person, school or company that chartered the motor coach/school bus/mini-bus.
7. **LUGGAGE/EQUIPMENT:** School buses are **NOT** equipped to carry large amounts of luggage/equipment however, have sufficient overhead luggage space.

WEST TREK TOURS reserves the right to utilize any combination of vehicles available in its fleet to accommodate your group at no additional cost. An accurate passenger count will be requested at the time of booking. If your passenger count changes before the day of your trip, it is your responsibility to advise us of these changes. By signing below you confirm that you read, understood and accept all policies as outlined above and you have checked ALL information contained in the charter quote and verify that the details are correct.

Jeff Leung, Vice President
West Trek Tours Inc. (carrier)

Jane Doe
ABC Company
(Chartered)

Print Name & Date

Print Name & Date



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CHARTER REQUEST FORM

INSTRUCTIONS:

Please fill out the below request form. One request form per charter/transfer must be completed for proper tracking and invoicing purposes.

SCHOOL NAME: _____

TODAY'S DATE: _____

REQUEST DATE: _____

PICK UP LOCATION: _____

DATE/TIME: _____

DROP OFF LOCATION: _____

RETURN PICK UP LOCATION: _____

RETURN DATE/TIME: _____

DROP OFF LOCATION: _____

Special

Comments: _____

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Signature

Print Name & Date

Office Use Only: Circle Below & Fax Back

Confirmed: YES SORRY Unavailable Signature & Date: _____

Confirmed Rate: _____