RESERVATION FORM/Bike-Xpress

Queen City Tours®



Return with Full Payment

Your Name:	_
Your Group's Name:	_
Contact Person:	
Phone Number/Day: ()	
Phone Number/Night: ()	
Fax Number: ()	
Mobile Number: ()	
Address:	
	Zip/Postal Code:
e-mail:	_
Number in Your Group?	
What Service? Queen City Bike Tours tm /Xpress Rate: a. Adult (14 – 61) \$15, b. Senior (62 +) \$13. Add \$5 day of tour.	
Rate. a. Adult $(14-01)$ 315 , 0. Selliof $(02+)$ 515 . Add 35 day of tour.	
a. \$xAdults = \$; Total (a + b) = \$;	
I have my own bike: -\$5/Rider x = \$. I have my own helmet: -\$5/rider	$\overline{x} = $ \$: Total = \$ (c)
Amt Englosed: $(a + b) - (a) = $	
what Day: Mo. Tu. We. In. Fr. Sa. Su. What Date://	are You Interested In?
What Hour(s)? 10:00 AM to 11:30 AM	*5:00 PM to 6:30 PM
Note: Each tour lasts 1 1/2 hours, 10:00 AM, 2:00 PM, *5:00 PM: Monday – Saturday, and 2:00 PM;	00 PM, *5:00 PM Sunday
* Subject to availability	
Start Point: Dilworth/South End (2100 S. Blvd., Charlotte, NC 28203) Uptown (5 th	and Cedar Streets, Charlotte, NC 28202)
Best Time To Call You?AM / PM	
Signature:(Read terms below before signing)	-
Make checks payable to:	
Queen City Tours®	
P.O. Box 36160, Charlotte, NC 28236-6160	
F.O. Box 50100, Charlotte, INC 28250-0100	
704-566-0104	
http://queencitybiketours.com	
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<u>Terms:</u> Full payment must be received before Tour. Tours are booked on a first pay basis. Refunds are given if to your guide/driver. A \$35 charge will be added to all returned/rejected payments and charge backs. Queen City	
clients, customers, or contractors. The losing party in any legal action arising out of this agreement will be responsible	ole for the reasonable attorney fees and court costs incurred by
the prevailing party. Venue shall be Mecklenburg County. Laws shall be interpreted as that of North Carolina. A cleups. Above terms apply to agreements signed without paid deposits. If any term(s) of this agreement are judged nor	
the remaining terms. By signing above and/or making payment, you agree to all terms listed on this form.	i-emorceable by a competent jurisdiction they shall not affect
If paying by Credit Card: Complete and fax this page back to 1-866-420-58	78, or e-mail to
reservations@queencitytours.com.	,
(Your card will not be charged if seats are not available) Payments may be pro-	ocessed via Pav Pal or Google Checkout
PLEASE PRINT CLEARLY! We no longer accept American Express Ca	•
Name as it appears on credit card: / / / /	- [2 digit year a g "17" for 2017]
Card Number:	
Card Security Code: [Last 3 digits to the right of the signatu	re strip on back of card]
Card Billing/Statement Address:	
Billing City: Billing State/Province:	Billing Country:
Zip/Postal Code:	
Day Time Phone Number: ()	_
E-mail Address:	
Signature:	-

3125 Eastway Dr., P.O. Box 36160, Charlotte, NC, 28236-6160 704-566-0104 info@queencitytours.com www.queencitytours.com

Note: We do not sell your e-mail address! Your confirmation will be sent within 1-7 days via e-mail.