

VEHICLE REGISTRATION APPLICATION FORM

One Reservation Per Form

DATE	FROM	TO	TIME
DEPARTURE _____ - _____ - _____	WH VH OB NT HY	WH VH OB NT HY	_____:_____: AM PM
RETURN _____ - _____ - _____	WH VH OB NT HY	WH VH OB NT HY	_____:_____: AM PM

If desired times are not available, we will give you the closest available reservation. Please provide us with a range of time for your travel availability so that we can book the best reservation and wait list appropriately.

DATE	FROM	TO	RANGE OF TIMES
DEPARTURE _____ - _____ - _____	WH VH OB NT HY	WH VH OB NT HY	
RETURN _____ - _____ - _____	WH VH OB NT HY	WH VH OB NT HY	

ONE APPLICATION PER VEHICLE. FAXES WILL NOT BE ACCEPTED. RESERVATIONS/TICKETS ARE NON-TRANSFERABLE.

Profile number: _____ Profile name: _____

Please provide the following information for CUSTOMER TRAVELING:

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Daytime phone: () _____ Island phone: () _____
 Evening phone: () _____ Cell phone: () _____
 Email address: _____

Include the following number of passengers on vehicle ticket (optional): Adults: _____ Children 5-12 yrs: _____

Vehicle Information – License plate number must be provided. License plate must match vehicle traveling.

Year: _____ Make: _____ Model: _____
 License plate: _____ State: _____

IS THIS VEHICLE OVER 6 FEET IN TOTAL HEIGHT?	NO YES	Total Height: _____ FEET
IS THIS VEHICLE TOWING A TRAILER?	NO YES	Trailer Length: _____ FEET
Please list overall vehicle length if it exceeds 17 feet (bumper to bumper)		Overall Length: _____ FEET

Purchase implies acceptance of all terms and conditions of tariff with regard to cancellation, change and refund policies.

Payment of Reservation – Prepayment of vehicles is required. Please specify method of payment (check one). If check or money order, please enclose payment.

CHECK ENCLOSED: _____ MASTERCARD: _____ VISA: _____ DISCOVER: _____ AMERICAN EXPRESS: _____

Credit Card & Cardholder Information – For all credit card orders, you must provide the following information:

Credit Card #: _____ Expiration Date: _____ / _____

For MasterCard, Visa & Discover – on back of card, provide the last 3 (three) digits appearing on signature strip after credit card number: _____

For American Express – Please provide the 4 (four) digit code located above the embossed credit card number on front of card: _____

Cardholder Name: _____

Cardholder Billing Address: _____

City: _____ State: _____ Zip Code: _____

For additional copies of this application or for more information, go to www.SteamshipAuthority.com.