

KAT LOGISTICS LLC.

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BOOKING FORM

PLEASE RETURN THIS FORM WITH A DEPOSIT OF \$100.00.

PLEASE MAKE THE CHECK PAYABLE TO: **KAT LOGISTICS LLC.**

YOU MUST FILL OUT THIS FORM COMPLETELY OR WE WILL NOT BE ABLE TO PROCESS YOUR RESERVATION.

NAME: _____

CAR DEPARTURE DATE: _____ FROM _____ TO _____

CAR ALTERNATE DATE: _____

CAR MAKE/MODEL NUMBER: _____

YEAR: _____ COLOR: _____ #DOORS: _____ TYPE TOP: _____

LIC. PLATE # AND STATE REGISTERED IN: _____

NORTH ADDRESS: _____ APT. _____

_____ ZIP: _____

TELEPHONE DAY: _____ EVENING: _____

CELL PHONE 1: _____ CELL PHONE 2: _____

SOUTH ADDRESS: _____ APT. _____

_____ ZIP: _____

TELEPHONE DAY: _____ EVENING: _____

CONTACT OTHER THAN YOU NORTH: _____ # _____

CONTACT OTHER THAN YOU SOUTH: _____ # _____

**CONFIRMATION IS SUBJECT TO SPACE AVAILABILITY
IF YOU HAVE ANY QUESTIONS PLEASE CONTACT OUR OFFICE IN PROSPECT
THANK YOU FOR USING KAT LOGISTICS LLC.**

DATE RECEIVED: _____ CHECK# _____ AMOUNT: _____