

ANTELOPE EXPRESS

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QUOTE REQUEST FORM

BILLING CONTACT INFO:

COMPANY: _____
CONTACT NAME: _____
PHONE: _____
EMAIL ADDRESS: _____

POINT OF CONTACT FOR TRIP (THIS PERSON WILL BE ON THE BUS):

NAME: _____
PHONE: _____
EMAIL ADDRESS: _____

GROUP NAME/ACTIVITY: _____

DATE(S) OF TRAVEL: _____

PICK UP ADDRESS: _____

BUS LOADING TIME: _____ AM / PM DEPART TIME: _____ AM / PM

(Average loading time is 30 minutes before departure. Please take this into consideration when anticipating your arrival time to your destination)

DESTINATION ADDRESS: _____

BUS LOADING TIME: _____ AM / PM ESTIMATED RETURN TIME: _____ AM / PM

(Average loading time is 30 minutes before departure. Please take this into consideration for anticipating your return time)

ESTIMATED MILEAGE: _____ Passengers _____ Storage Required? (circle one) YES/NO

WILL THERE BE ALCOHOL ON VEHICLE? (circle one) YES/NO *If yes, additional forms will be required.*

SPAB REQUIRED? (School Pupil Activity Bus) (circle one) YES/NO Meal Stop Requested? (circle one) YES/NO

Have you discussed this trip with an Antelope Express employee? _____ Who? _____

Please include your itinerary so we can ensure the driver stays within his legal limits.

Extra Notes About your trip:

FOR OFFICE USE ONLY:

COMPLETED BY: _____

QUOTE: _____ BUS(ES) ASSIGNED: _____

CONFIRMED: _____ DRIVER(S) ASSIGNED: _____

PAYMENT: _____