

Vehicle Booking Form

1 Personal details

Title	Telephone Number
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	<input type="text"/>
Name	Mobile Telephone Number
<input type="text"/>	<input type="text"/>
Address	E-Mail Address
<input type="text"/>	<input type="text"/>
Post Code	

2 Vehicle details

Vehicle Manufacturer	Preferred Booking Date dd/mm/yy
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Vehicle Model	Alternative Booking Date/s dd/mm/yy
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Vehicle Type (i.e. estate, sports, van)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fuel Type	If you'd like to receive local tourist information, tick here
<input type="text"/>	<input type="checkbox"/>
Year	How did you find out about us?
<input type="text"/>	<input type="text"/>

3 Signature

I have read and understand the terms and conditions regarding this booking and agree with the terms therein. I enclose a deposit of £50 to secure my booking.	Your Signature(s)
	<input type="text"/>
	Date
	<input type="text"/>

**Please complete and return this form along with your deposit to:
JR Classics Ltd, Unit 47, Askern Ind Est, Moss Road, Askern, Doncaster, South Yorks DN6 0DD**