

# LIR Airport Shuttle Reservation Form

## 1) Arrival Shuttle:

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_ Flight Arrival Time: \_\_\_\_\_ AM/PM

TO (Town): \_\_\_\_\_ (Hotel): \_\_\_\_\_

Rate per person: \$ \_\_\_\_\_ USD Total rate: \$ \_\_\_\_\_ USD (rate p/p x number of passengers)

## 2) Departure Shuttle:

Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Airline: \_\_\_\_\_ Flight #: \_\_\_\_\_ Flight Departure Time: \_\_\_\_\_ AM/PM

Rate per person: \$ \_\_\_\_\_ USD Total rate: \$ \_\_\_\_\_ USD (rate p/p x number of passengers)

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Credit Card Authorization | Your email: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize **LIR Airport Shuttle** to charge my credit card type:

( ) VISA ( ) MASTER CARD

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

In the amount of: \$ \_\_\_\_\_ USD (this is the total for both shuttles)

Card ID number (3 or 4 digit number, see examples below): \_\_\_\_\_

\_\_\_\_\_  
Signature of credit card holder  
(The signature must be the same as that on your credit card, not digital)  
**TO COMPLETE YOUR RESERVATION PLEASE PRINT, FILL OUT  
THIS FORM, THEN FAX OR EMAIL IT.**

My notarized signature above acknowledges that I have read in full and accepted the terms and conditions of the reservation:

- Full payment is due at time of reservation.
- Cancellations requested more than 3 days prior to departure are charged 10% for administrative costs, the refund will be 90% of the full amount charged in the reservation. Cancellations requested less than 3 days prior to departure are charged 100%. For reservations made within 3 days of arrival no refunds apply.
- No show = 100% cancellation fee.

Web: <http://www.liberiacostarica.info> Email: [info@liberiacostarica.info](mailto:info@liberiacostarica.info)

Fax: +506 2665 6314 or Fax TollFree from US and Canada on 1-866-794-0516

**Thank you for your business!**