



Transborder Express

The Best Xperience

12 Callan Street
Mitchell ACT 2911

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Charter Quote Form

Please supply me with a quote on the following itinerary:

Group Name: _____
Billing Address: _____
Phone: _____ Fax: _____
Contact Name: _____
Email: _____

Charter Date: ___/___/___ Pickup Time: _____

Return Date: ___/___/___ Return Departure Time: _____

Passengers: Adults _____ Children _____

Pickup Address: _____

Destination Address: _____

Vehicle Type:

- Standard Bus (60 seats)
- Super Mini Seat Belt Equipped Coach (16 seats)
- 5 Star Seat Belt Equipped Coach (53 seats)
- 5 Star Toilet and Seat Belt Equipped Coach (48 up to 52 seats)

Comments/Other Requirements: _____

