



**BOOKING FORM
FOR TRANSFER SERVICES TO CITTÁ ALTA**

CONTACT INFORMATION

Name _____	Surname _____
Tel. _____	Mobile _____
Email _____	

GROUP AND REPRESENTATIVE DATA (The representative has to be present on the day of the journey)

Group name _____
Representative: Name _____ Surname _____
Mobile _____

BILLING DATA

Do you need an invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No (Fill out the following fields only if the answer is Yes)																					
Name _____	Surname _____																				
Company name _____	Nationality _____																				
Tel. _____	Mobile _____																				
Email _____																					
VAT or TAX CODE	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
SDI CODE or RECIPIENT CODE	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Billing address _____	Nr. _____																				
POSTAL CODE _____	City _____ Country _____																				

BOOKING REQUEST

ROUND TRIP BUS TRANSFER ONLY	<input type="checkbox"/> € 110,00
Nr. of passengers _____	Disabled passengers on wheelchair (max 1) <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of the requested service ____ / ____ / ____	

Mark with an X the departure time scheduled for the requested service

Booking of BUS transfer										
OUTWARD - from Viale Papa Giovanni XXIII (p.le Alpini) to Colle Aperto (Città Alta)										
hours	8	9	10	11	12	13	14	15	16	17
minutes		00	00	00	00	00	00	00	00	00
	30	30	30	30	30	30	30	30	30	30
	40	40	40	40	40	40	40	40	40	40
	50	50	50	50	50	50	50	50	50	50
RETURN - from Colle Aperto (Città Alta) to Viale Papa Giovanni XXIII (p. le Alpini)										
hours	11	12	13	14	15	16	17	18	19	20
minutes	00	00	00	00	00	00	00	00	00	00
	10	10	10	10	10	10	10	10	10	10
	20	20	20	20	20	20	20	20	20	20
	50	50	50	50	50	50	50	50	50	50

IN CASE OF SPECIFIC NEEDS BEYOND THE WRITTEN SCHEDULED TIME SEND AN EMAIL TO:

servizispeciali@atb.bergamo.it

PUNCTUALITY AT DEPARTURE STOPS IS RECOMMENDED.

IN CASE OF MORE THAN 15 MINUTES DELAY WITHOUT PRIOR NOTICE, THE TRANSFER SERVICE WILL NOT BE GUARANTEED.



SERVICE TERMS AND CONDITIONS

WAY OF BOOKING AND PAYMENT

This form must be filled out in every part and sent to this email address servizispeciali@atb.bergamo.it **at least 10 days before the day of the service required.**

ATB offices are processing the request within 2 working days and confirming it by sending an email with an **Option Code** and the amount to pay.

Whether the service is not available for the arrival date or in the required times, ATB offices contact the applicant and offer alternative solutions.

The applicant must **pay the service by bank transfer and send the receipt to servizispeciali@atb.bergamo.it within 3 working days from receiving the Option Code.**

The payment must be made on the bank account assigned to ATB Servizi - codice IBAN n. IT10L0538711111000042568258 - SWIFT Code BPMOIT22XXX - writing the reason as follow: Option Code, Name and Surname or Business Name of the applicant and date of the service.

ATB offices, once the payment is confirmed, send via email **the booking confirmation** with service details and the **Confirmation Code** that must be shown to ATB personnel to use the purchased services.

In case the payment is not made within the right terms, the option is not confirmed and the service will not be done.

REFUND

Booking cancellation and refund must be required by and no later than 7 days before the date of the service. After this term the amount is no more refundable.

FARES

Current rates are shown on the front of this form.

SERVICE FEATURES

Bus transfer is carried out by a vehicle equipped for urban service that can transport up to 80 passengers (75 in the presence of a passenger on wheelchair).

For general info ask ATB Point, Largo Porta Nuova 13, ph. +39 035 236 026, atbpoint@atb.bergamo.it.

For specific enquiries about the service send an email to servizispeciali@atb.bergamo.it or call +39 035 364 364 from Monday to Friday from 8.30 a.m. to 3.30 p.m.

ACCEPTANCE SIGNATURE

Stamp and signature
