



The following mountain bike reservation is for _____, for the rental of the following bike: _____ (name)

Choose your bike: (Please select)

- MARIN PALISADES TRAIL - **\$48**
- MARIN NAIL TRAIL (29er HARD TAIL) - **\$58**
- MARIN MOUNT VISION (FULL SUSPENSION) - **\$68**

Choose your pedals: (Please select)

- SHIMANO ROAD (SPD-SL)
- SHIMANO MOUNTAIN (SPD)
- LOOK ORIGINAL
- LOOK KEO'S
- CAGES
- FLATS
- I WILL BRING MY OWN (recommended)

I will need a _____ inch frame. If size is not known, please give your height: _____

To be picked up on ___/___/___ @ _____ am/pm at the 1095 Columbus Avenue location.

Card Holder's Name			
Credit Card Number			
Exp Date		Security Code (3 digits, 4 on AMEX)	
Billing Address			
E-mail Address		Telephone	

I authorize Blazing Saddles to use my credit card number for the rental charge. I also agree to pay for any loss/damage during said rental and will pay any charges when bike is returned. I understand that my reservation is pending until I receive confirmation from Blazing Saddles. For cancellations made at least 24 hours before reservation date, there is a \$15 administrative fee. For cancellations made less than 24 hours before reservation date, rental will be charged in full. I understand a credit card authorization of at least \$1,500, depending on bike, is required for a damage/security deposit at time of rental. Bikes may be picked up at any time between 8am and 5pm at the 1095 Columbus Avenue location.

Signature _____ Date ___ / ___ / _____

Upon completion, return this form via fax (415-929-8687) or e-mail (info@blazingsaddles.com)

COMMENTS:

(OFFICE USE ONLY) Confirmation made by: _____ on ___/___/___ Bike Number: _____