



Download and complete form; this is a PDF you can type directly into. If you do not have a digital signature enabled, you may simply type into the signature field. Upon completion, return this form via fax (415-929-8687) or e-mail (info@blazingsaddles.com) for confirmation.

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

Choose your bike: (Please check)

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

Choose your pedals: (Please check)

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

I will need a _____ cm frame—if size is not known, please give your height: _____

To be picked up on ___/___/___ @ _____ am/pm at the **550 North Point Street** 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 550 North Point Street location.

Signature _____ **Date** ___ / ___ / _____

Upon completion, please return this form either by fax or as a scanned E-mail attachment.

COMMENTS:

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