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Please fill out this customer profile form.
In order to serve your travel request better, we would like to know more about you and your special needs. Please complete this form and send or fax to us. The information will be stored in our computer for easy and efficient access.

- LEISURE
- BUSINESS
- NEW TRIP
- EXISTING RESERVATION

JUST GET ME THERE AS CHEAPLY AS POSSIBLE!

TRAVEL AGENT

TRAVELER INFORMATION

| | |
|----------------------------|------------------|
| *Traveler Name | *E-Mail |
| Home Address | Business Address |
| City, State | City, State |
| Zip | Zip |
| *Home Phone | Business Phone |
| Home Fax | Business Fax |
| Credit Card No./ Exp. Date | |

* Required information.

AIRLINE INFORMATION

| | |
|----------------------------------|-----------------------|
| Airline 1 | Frequent Flyer Number |
| Airline 2 | Frequent Flyer Number |
| Seat Preference | |
| Preferred Class of Service | |
| Special Meal Request | |
| Preferred Ticket Delivery Method | |

RENTAL CAR

Agency

ID Number

Car Type

Additional
Info

HOTEL

Hotel

ID Number

Smoking
Non-Smoking

Additional
Info

Comments,
Special
Requests