

Client Profile Form

Date _____

Client's Name (s): _____

Spouse/Companions: _____

Children (name (s) & age (s)): _____

Residence Address: _____

Residence Phone: _____ Call at home? Yes No

Business Name: _____

Title: _____ Secretary: _____

Business Address: _____

Business Phone: _____ Fax Number _____

E-Mail Address: _____ Website _____

Deliver Documents: (circle one) To Residence To Business

Airline and Travel Preferences

Preferred Carrier Account Name Frequent Flyer #

Class of Service

First Class _____

Business _____

Coach _____

Economy _____

Restricted _____

Other _____

Seating Preference

Non-smoking _____

Smoking _____

Aisle _____

Window _____

Bulkhead _____

Front/Rear _____

Special Requests

Vegetarian _____

Low Salt _____

Low Cal _____

Kosher _____

Child's _____

Other _____

Rental Car Company Car Size Corporate ID # or Other

Hotel Preference Bed Size Corporate ID# or Other

Payment Information

Client Usually Pays by: (circle one or all) Cash Check Credit Card

Credit Card Account # Expiration Date Name on Card

I hereby authorize _____ (your travel agency name) to charge airline tickets and travel services to the above credit cards upon my request to do so.

Signature of Client _____ Date: _____