



Preferred Customer Travel Biography

Full Name (as it appears on government ID): _____

Home Address (include City, State, Zip) : _____

Home Phone (with area code): _____ Home Fax: _____

Company: _____

Company Address (include City, State, Zip): _____

Business Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Gender: _____

Airline Information

Airline	Name as listed at enrollment	Frequent Traveler Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Seat Preference Non-Smoking _____ Aisle _____ Bulkhead _____
 Smoking _____ Window _____ Emergency Exit _____

Special Meal Requests _____

Hotel and Car Information

Cars		Hotels	
Corporate Discount Numbers		Corporate Discount Numbers	
Car Company	Number	Hotel Chain	Number

Please indicate your preferred method of payment for airline tickets:

Personal check	<input type="checkbox"/>	Other (specify)	<input type="text"/>
Credit Card	<input type="checkbox"/>	Number	<input type="text"/>
Expiration Date	<input type="checkbox"/>	Billing Address	<input type="text"/>
Security Code			<input type="text"/>

To assure your hotel reservations, it is our policy to guarantee each booking for late arrival. Please indicate a credit card number that will be used only for this purpose:

Credit Card	Number	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

What is your country of citizenship? _____

Please sign below for our records:

Name _____ Date _____