

COLPITTS TRAVEL CENTER TRAVEL PROFILE

* Important note regarding names: the name entered on this form should match the name on your passport (or, if you do not have a passport, your government issued photo ID). You should also make sure that the name registered with airline frequent flyer programs matches this name.

Company Name _____	Last Name* _____	First Name* _____
Middle Initial _____	Cell Phone _____	
Business Phone _____	Fax # _____	E-mail _____
Street Address _____	City/State _____	Zip _____
Credit Card Type & Number for charging Tickets and Fees _____		Exp. Date _____
Verify billing address for above account _____		
Street Address _____	City/State _____	Zip _____
Credit Card Type & Number for guaranteeing Hotel reservations (if different from above) _____		Exp. Date _____
Verify billing address for above account _____		
Street Address _____	City/State _____	Zip _____

I authorize Colpitts Travel Center to charge my Credit Card Accounts (numbers entered above) for its service fees and all applicable third party costs including, without limitation, airline tickets, rail tickets, hotel deposits or guarantees, visa and passport fees and any other travel related services, all of the foregoing requested by me or by an employee of my firm acting on my behalf.

Signature X _____ Date _____

TRAVELER INFORMATION

AIRLINE

Company	Club Number*	Status <small>(e.g. gold)</small>	Preferences
1.			Seating: Aisle Window Smoking Non-Smoking
2.			Other Specify: _____
3.			Special Meal Request: _____
4.			Low Cal Vegetarian Diabetic Low Sodium
5.			Kosher Other Specify: _____
6.			Special Airline Requests: _____

HOTEL

Company	Club Number	Status <small>(e.g. gold)</small>	Room Preferences (If available)
1.			Bed Size: King Queen Full
2.			Smoking Non-smoking
3.			Special Room Type: _____
4.			Special Services Requested: _____

PASSPORT*

Do you have a passport? Yes No Country Of Citizenship _____

Passport Number _____ Issuance Date _____ City of Issuance _____ Exp. Date _____ / _____

PERSONAL INFORMATION

Home Street Address _____ City, State, Zip _____
Home Phone _____
Additional Address _____ City, State, Zip _____
Phone _____

SPECIAL REQUESTS AND INSTRUCTIONS		
1.	3	5
2.	4	6