

Customer Information Form

DATE COMPLETED: _____



Client Name: _____ Email: _____ Phone: _____

Address: _____

Vacation Budget: _____ Insurance: _____ (If no, obtain signed waiver)

Number of Adults: _____ Number of Children and Ages: _____

Dates of Travel: _____ to _____ Flexible: _____

Destinations of Interest: _____

Air Travel

Departure City: _____ Airline Preference (Frequent Flyer Programs): _____

Seat Preference: Economy Extra leg Room/Premium Business Class First Class
Aisle Middle Window Bulk Head Wing\Exit Row Front Back

Loyalty Numbers: _____

Cruise Vacation

Cruise Preferences (Frequent Cruiser Programs): _____

Cruise Itinerary: _____ Cruise Length: _____

Pre and Post Cruise Nights? Cabin Class: _____

Beverage Plan? Beverage Plan Type: _____

Loyalty Numbers: _____

Hotel and Resort Vacation

of Nights: _____ Hotel Preferences (Frequent Guest Programs): _____ # of Rooms \ Arrangement: _____

Room:	Standard Room	Garden View	Ocean View/Front	Other:
Features:	All Inclusive	Adults Only	Family Friendly	Concierge Level:
	Suite/Jr Suite	On the Beach	Near City Center	Kids Club
	Near Air/Cruise Port	Luxury Resort	Activities On-Site	Standard View Ocean View

Car Rental

Rental Company Preferences _____ Add-Ons: _____

Car Category: Compact Mid Size Full Size Luxury SUV Other: _____

Loyalty Numbers: _____

Package Tour

Country or Countries of Interest: _____ Escorted Independent Activity Level: _____

Payment \ Booking Information

Deposit of \$ _____ by Credit Card Number _____ EXP: ____/____ CVV: _____

Name on Card: _____ Zip Code: _____