

Business Travel Profile



TRAVELER INFORMATION

Full Name
(first, middle, last) _____
Title _____
Office Address _____
City _____
State _____ Zip Code _____
Passport # _____ Exp. Date _____
Secretary _____
Secretary Phone _____

Work Phone _____
Work Fax _____
Work E-Mail _____
Home Phone _____
(Home Phone for Emergencies Only)
Business CC _____ Exp. Date _____

Personal CC _____ Exp. Date _____

TRAVELER PREFERENCE & MEMBERSHIPS

AIRLINE SEATING PREFERENCES

1st Choice Front Back Aisle Window
2nd Choice Front Back Aisle Window
Smoking Non-Smoking
Other _____

SPECIAL MEAL REQUESTS

Diabetic Low Calorie
Fruit Low Salt
Kosher Vegetarian

FREQUENT FLYER MEMBERSHIPS

Preference _____
America West # _____
American # _____
Continental # _____
Delta # _____
Northwest # _____
United # _____

Other Airline _____

Other Airline _____

Other Airline _____

HOTEL MEMBERSHIPS

Preference _____
Hilton # _____
Hyatt # _____
Marriott # _____
Sheraton # _____
Other Hotel _____

AAA # _____
Hotel Room Preferences
Double Smoking
King Non-Smoking
Guarantee to Credit Card
Always When Requested

CAR RENTAL MEMBERSHIPS

Preference _____
Hertz # _____
Avis # _____
Budget # _____
National # _____

Other Car Rental _____

Car Rental Preferences
Compact Smoking
Mid-Size Non-Smoking
Full
Luxury