

CLASSIC WORLD TRAVEL CLIENT PROFILE
FAX TO 770-487-9645

COMPANY INFORMATION				PASSENGER INFORMATION				
Company name				<i>Name (Legal Name)</i>				
Billing address				Home Address				
Billing city/st/zip				City/State/Zip				
Delivery Address				Phone		Fax		
Delivery city/st/zip				E-MAIL				
Phone		Fax		Spouse				
AIRLINE INFORMATION				RENTAL CAR INFORMATION				
Airline	Frequent Flyer Number			Car Company	Company CD	Passenger ID	Car Type	
							<input type="checkbox"/> COMPACT	
							<input type="checkbox"/> MIDSIZE	
							<input type="checkbox"/> FULL	
							<input type="checkbox"/> PREMIUM	
Seat Selection				HOTEL INFORMATION				
<input type="checkbox"/> Window <input type="checkbox"/> Center <input type="checkbox"/> Aisle <input type="checkbox"/> Exit				Hotel	Company ID	Passenger ID	Room Type	
SPECIAL MEALS REQUEST		SPECIAL NEEDS REQUEST					<input type="checkbox"/> DOUBLE	
							<input type="checkbox"/> KING	
							<input type="checkbox"/> SUITE	
							<input type="checkbox"/> SMOKE	
							<input type="checkbox"/> NO SMOKE	
DATE OF BIRTH		PLACE OF BIRTH		CREDIT CARD INFORMATION				
				Card Number	Exp. Date	USE FOR AIR	USE FOR CAR	USE FOR HOTEL
CREDIT CARD AUTHORIZATION								
I hereby authorize Classic World Travel, Inc. to charge my credit card accounts for travel arrangements requested by me or my authorized agents.								
Signature _____ Date _____								