



Travel Services

TRAVELLER PROFILE

Please send ORIGINAL to The Travel Centre Ltd. Retain a copy for your file.

PERSONAL INFORMATION	
NAME: _____ (PLEASE PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR PASSPORT)	
HOME PHONE: _____	HOME FAX: _____
MOBILE PHONE #: _____	PAGER #: _____
HOME ADDRESS: _____	
CITY: _____	PROVINCE/STATE: _____
COUNTRY: _____	POSTAL CODE: _____
ARE YOU A SENIOR CITIZEN (AGE 62 OR OLDER)?: <input type="checkbox"/> Yes <input type="checkbox"/> No (for discount purposes only)	
COMPANY INFORMATION	
COMPANY NAME: _____	TITLE: _____
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
BUSINESS PHONE: _____	BUSINESS FAX: _____
ASSISTANT'S NAME: _____	ASSISTANT'S PHONE: _____
E-MAIL ADDRESS: _____	
DEPARTMENT: _____	COST CENTRE: _____
CREDIT CARD INFORMATION	
All Business tickets should be charged to the following credit card:	
Card Type: _____	Account #: _____ Expiration Date: _____
All Hotels should be guaranteed to the following credit card:	
Card Type: _____	Account #: _____ Expiration Date: _____
All Personal travel should be charged to the following credit card (optional):	
Card Type: _____	Account #: _____ Expiration Date: _____
MY SIGNATURE BELOW AUTHORISES CHARGES TO MY CREDIT CARD(S) FOR REQUESTED TRAVEL:	
Signature: _____	Date: _____

The Travel Centre Ltd Use Only: Profile Pseudo _____ Tktg Pseudo__ BAR Name _____	
Account # _____	NFR _____ Tkt Dely _____





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AIRLINE INFORMATION

FREQUENT FLYER NUMBERS:

Airline: _____ Account Number: _____

Airline: _____ Account Number: _____

Airline: _____ Account Number: _____

Airline: _____ Account Number: _____

Airline: _____ Account Number: _____

SEATING: NON-SMOKING SMOKING WINDOW AISLE OTHER: _____

MEALS: LOW SODIUM VEGETARIAN LOW CALORIE KOSHER OTHER: _____

CAR RENTAL INFORMATION

PREFERRED CAR RENTAL VENDORS

Rental Company: _____ Account Number: _____

Rental Company: _____ Account Number: _____

Rental Company: _____ Account Number: _____

Rental Company: _____ Account Number: _____

Rental Company: _____ Account Number: _____

PREFERRED SIZE: ECONOMY COMPACT MID-SIZE FULL SIZE OTHER _____

2-DOOR 4-DOOR

HOTEL INFORMATION

HOTEL CHAINS – Please list in order of preference:

FREQUENT GUEST MEMBERSHIP NUMBER:

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

ROOM TYPE PREFERRED: DOUBLE QUEEN KING JUNIOR SUITE

SMOKING NON-SMOKING OTHER: _____



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PASSPORT/VISA INFORMATION

Passport #: _____ Name as it appears on passport: _____

Date of Birth: _____ Country of Issue: _____ Exp. Date: _____ Gender: _____

Visas: Country: _____ Date Issued: _____ Exp. Date: _____

Country: _____ Date Issued: _____ Exp. Date: _____

Country: _____ Date Issued: _____ Exp. Date: _____

ADDITIONAL INFORMATION

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ (e.g. spouse, parent, friend, etc.)

PHONE: _____

NAME OF SPOUSE (IF APPLICABLE): _____

DATE OF MARRIAGE: _____

Please note any additional information we should be aware of regarding your travel arrangements:

PLEASE PRINT YOUR NAME/COMPANY NAME

DATE