

# FORBES TRAVEL INTERNATIONAL

forbes-travel.com

Traveller Profile			
The information provided will be stored in our confidential database and will be automatically referenced for all future travel arrangements. Please ensure that the information is accurate and advise Forbes Travel of any changes.			
Title:	First Name:	Middle Name:	Last Name:
Complete Full Name(s) as they appear in Passport			
Corporate Information			
Company Name:		Job Title:	
Address:			
City:	Prov./State:	PC/Zip:	
Main Bus. Line:	Direct Line:	Bus. Fax:	
Bus. Email:		Cell Phone:	
Exec. Assistant:		Direct Line:	
Email:		Company Web site:	
Personal Information			
Home Address:			
City:	Prov./State:	PC/Zip:	
Home Phone:		Home Fax:	
Home Email:		Cell Phone:	
Date of Birth:	Month	Day	Year
Citizenship:	<input type="checkbox"/> Canadian <input type="checkbox"/> Other (specify)	Passport #	Month: Day: Year:
Spouse Name:		Children:	
Emergency Contact:	Phone:	Relationship:	
Airline Preferences			
Class of Service: <input type="checkbox"/> First <input type="checkbox"/> Business <input type="checkbox"/> Economy		Seating: <input type="checkbox"/> Window <input type="checkbox"/> Aisle	
Special Meal Request:		Other Requests:	
Airline (Preferred):	Membership #	Airline (Choice 2):	Membership #
Airline (Choice 3):	Membership #	Airline (Choice 4):	Membership #
Notes:			
Car Preferences			
Vehicle Type: <input type="checkbox"/> Compact <input type="checkbox"/> Mid-size <input type="checkbox"/> Full-size Luxury <input type="checkbox"/> Other (specify) <input type="text"/>			
Car (Preferred):		Car (Choice 2):	Membership #
Notes:			
Hotel Preferences			
Room Category: <input type="checkbox"/> Non-Smoking <input type="checkbox"/> Smoking		Bed Type: <input type="checkbox"/> King <input type="checkbox"/> Queen <input type="checkbox"/> 2 Double Beds <input type="checkbox"/> Other (specify) <input type="text"/>	
Hotel (Preferred):		Hotel (Choice 2):	Membership #
Hotel (Choice 3):		Hotel (Choice 4):	Membership #
Notes:			
Payment Information			
Credit Card Name:	#	Month:	Year: CCV #
<input type="checkbox"/> Corporate Card <input type="checkbox"/> Personal Card	Card Use? <input type="checkbox"/> Charge All purchases <input type="checkbox"/> Hotel Guarantee Only	Name (as it appears on card):	
Credit Card Name:	#	Month:	Year: CCV #
<input type="checkbox"/> Corporate Card <input type="checkbox"/> Personal Card	Card Use? <input type="checkbox"/> Charge All purchases <input type="checkbox"/> Hotel Guarantee Only	Name (as it appears on card):	