



## Traveler Profile Form

### Personal & Billing Information

Traveler name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Credit Card Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit card expiration date: \_\_\_\_\_

### Travel Information

Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Preferred Departure Time: *(e.g., morning, mid-day, evening)* \_\_\_\_\_

Return Date: \_\_\_\_\_

Preferred Return Time: *(e.g., morning, mid-day, evening)* \_\_\_\_\_

Seating Preference: *(e.g., aisle, window, center)* \_\_\_\_\_

Meal Preference: \_\_\_\_\_

Frequent Flyer Program Name(s) and Number(s): \_\_\_\_\_

Rental Car Program Name(s) and Number(s): \_\_\_\_\_

Rental Car Preference: *(e.g., compact, mid-size, luxury)* \_\_\_\_\_

### Lodging Information

Hotel Program Name(s) and Number(s): \_\_\_\_\_

Room Preference: *(e.g., king, double, single)* \_\_\_\_\_

Smoking Preference: \_\_\_\_\_

**Fax to agency fax number: (618)-659-9591.**