



BOOKING FORM

DATE OF TRAVEL: _____

CONTACT INFORMATION

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____

ALTERNATE CONTACT INFORMATION

NAME: _____ PHONE NUMBER: _____

PRIMARY CREDIT CARD NUMBER: _____

EXPIRATION DATE (MM/YYYY): _____ BILLING ZIP CODE: _____ SECURITY CODE: _____

EMAIL ADDRESS (trip confirmation): _____

PASSENGER INFORMATION

NAME: _____ WEIGHT: _____

NAME: _____ WEIGHT: _____

NAME: _____ WEIGHT: _____

NAME: _____ WEIGHT: _____

NAME: _____ WEIGHT: _____

NAME: _____ WEIGHT: _____

NAME: _____ **6 OR 7 PASSENGERS? WILL WE REQ. CO PILOT** _____ **WEIGHT:** _____

TOTAL BAGGAGE/LUGGAGE WEIGHT: _____

****SPECIFY AND CONFIRM WITH AERO CHARTER NEW ENGLAND VIA EMAIL OR PHONE OF ANY OVERSIZED PIECES OF LUGGAGE, GOLF CLUBS, PETS, AND ANY OTHER ITEMS IN QUESTION. MAKE SURE YOU HAVE YOUR TRIP QUOTE NUMBER HANDY****

I AGREE TO THE TERMS AND CONDITIONS AND AUTHORIZE THE USE OF MY CREDIT CARD DESCRIBED ABOVE FOR CHARGES RELATED TO SERVICES PROVIDED BY AERO CHARTER NEW ENGLAND.

PRINTED NAME: _____ DATE: _____

CUSTOMER SIGNATURE: _____