

Customer Information Form

DATE COMPLETED:



Client Name: _____ Email: _____ Phone: _____

Address: _____

Vacation Budget: _____ Insurance: ☐ Yes ☐ No (If no, obtain signed waiver)

Number of Adults: _____ Number of Children and Ages: _____

Dates of Travel: _____ Flexible: ☐ Yes ☐ No

Destinations of Interest: _____

Air Travel

Departure City: _____ Airline Preference (Frequent Flyer Programs): _____

Seat Preference: ☐ Economy ☐ Extra Leg Room/Premium ☐ Business Class ☐ First Class ☐ Aisle ☐ Middle
☐ Window ☐ Bulkhead ☐ Forward ☐ Wing

Cruise Vacation

Cruise Preferences (Frequent Cruiser Programs): _____

Cruise Itinerary: _____ Cruise Length: _____

Pre and Post Cruise Nights: ☐ Yes ☐ No Cabin Class: _____

Beverage Plan: ☐ Yes ☐ No Beverage Plan Type: _____

Hotel and Resort Vacation

of Nights: _____ Hotel Preferences (Frequent Guest Programs): _____ # of Rooms/Arrangement: _____

Room: ☐ Standard Room ☐ Garden View ☐ Ocean View/Front ☐ Other: _____

Features: ☐ All Inclusive ☐ Adults Only ☐ Family Friendly ☐ Concierge Level: _____

☐ Suite/Jr Suite ☐ On the Beach ☐ Near City Center ☐ Kids Club

☐ Near Air/Cruise Port ☐ Luxury Resort ☐ Activities On-Site ☐ Standard View ☐ Ocean View

Car Rental

Car Preferences (Frequent Renter Programs): _____ Add-Ons: _____

Car Category: ☐ Compact ☐ Mid Size ☐ Full Size ☐ Luxury ☐ Other

Package Tour

Country or Countries of Interest: _____ ☐ Escorted ☐ Independent Activity Level: _____

Other Information

What hotels have you stayed in and enjoyed?

What cruiselines and resorts have you enjoyed before, if any?

What activities do you enjoy when travelling?

☐ Sightseeing/History ☐ Culture/Arts ☐ Beach/Sun ☐ Active/Sports

☐ Wine/Culinary ☐ Shopping ☐ Spa

Notes:

