

Please send the completed form via: Fax: (240) 414-0245 Email: bizzytravelagent@gmail.com

New Customer Information Form

		Contact	Information		
Full Name:					
	Last		First		M.I.
Address:					
Address:	Street Address				Apartment/Unit #
					·
	City			State	ZIP Code
Phone:			Email		
Date of Birth	1:	Driver's License#:_		Sta	ite:
		S	oouse		
Full Name:					
	Last		First		M.I.
Address:					
Addicss.	Street Address				Apartment/Unit #
	Cit.			04-4-	71D Code
	City			State	ZIP Code
Phone:			Email		
D-4				04-	4
Date of Birtr	1:	Driver's License#:_		Sta	ite:
		Doosway			
-			Information		
Please list a	all passport informati	on.			
1.Full Name	:			Passport#:	
2.Full Name	:			Passport#:	
4 Full Name				Bassport#:	

	Travel Preferences			
Preferred Airline :				
Preferred Hotel:				
Preferred Room Type: Preferred Cruise				
Line:				
Preferred Stateroom :				
Preferred Rental Co .:				
Preferred Car Ty	oe:			
Special Requests:				
Full	Children			
Name:	DOB:			
Full Name:	DOB:			
Full Name:	DOB:			
Full Name:	DOB:			
	Privacy Statement Agreement			
customer, and w travel arrangeme arrangements be	t it is the policy of Bizzy Travel Agent, to secure all information collected voluntarily from me, the ill not sell, or share your information with any sources outside of those necessary to book your ents. We will use this information to respond to you, regarding any questions regarding travel sing made by Bizzy Travel Agent on your behalf. We take every precaution to protect your ived via electronic, digital and physical formats both online and offline.			
Signature:	Date:			