Business Traveler Profile

	SECURE FLIGH	IT INFORMATION:	
Traveler's Full Name:	TWA COTT V		(
Date of Birth:		Gender:	
Company: Business Pho		one:	Cell Phone:
Malling Address:		E-Mail Address:Fax #:	
Dept.: Room #:			
Bill Business Travel To:	☐ Corporate Card	☐ Personal C	Card
Type of Credit Card:	Credit Card #: _		Exp. Date:
Airline Preferences	Frequent	t Flyer Nos.	Seating Preference
			☐ Window ☐ Aisle
			□ Alsic
Car Rental Preferences Member		rship Nos.	Size Preference
Hotel Chain Preferences Member		rship Nos.	Room Type Preference
			☐ Smoking ☐ Non-Smoking
(Attach a separate sheet for multiple	 airline/car/hotel preferenc	ces and memberships.)	□ Non-Smoking
Name as it appears on passport:		P	Passport #:
			Home Phone:
Global Entry #:	ry #: TSA Pre-Check #:		
Emergency Contact Informat			
Name Relation		on:	Phone #:
Please Note: Your company's t	ravel policy may supe	ersede personal request	s in some cases.
I hereby authorize TOWN & Co corporate and personal travel to			enses and guarantee hotels for
Signature			Date

Fax to: 585-381-1987 or

Scan to: teresa@towncountrytravel.com or

Mail to: Town & Country Travel, 732 Pittsford-Victor Rd, Pittsford, NY 14534

Web Site: www.towncountrytravel.com



Today's Date: