



Resort Reservation Services

Confidential Client Profile

General	Cruise Travel												
Name: _____ Address: _____ Home Phone: _____ Home Fax: _____ Company: _____ Business Phone: _____ Business Fax: _____ Email: _____ Date of Birth: _____ Gender: _____ Passport #: _____ Passport Exp: _____ Country of Citizenship: _____ Spouse: _____ Company: _____ Business Phone: _____ Business Fax: _____ Passport #: _____ Passport Exp: _____ Country of Citizenship: _____	Cabin Preference: <input type="checkbox"/> Interior <input type="checkbox"/> Oceanview <input type="checkbox"/> Balcony <input type="checkbox"/> Suite <input type="checkbox"/> Penthouse Meal Preference <input type="checkbox"/> Early 6pm <input type="checkbox"/> Late 8pm <input type="checkbox"/> Freestyle/My Time Cruise Line Preference: 1) _____ 2) _____ 3) _____												
Vehicle Rental													
Date of Birth: _____ Gender: _____ Passport #: _____ Passport Exp: _____ Country of Citizenship: _____ Spouse: _____ Company: _____ Business Phone: _____ Business Fax: _____ Passport #: _____ Passport Exp: _____ Country of Citizenship: _____	Auto Preference: <input type="checkbox"/> Economy <input type="checkbox"/> Compact <input type="checkbox"/> Mid-Size <input type="checkbox"/> Full Size <input type="checkbox"/> Mini-Van <input type="checkbox"/> Premium <input type="checkbox"/> Luxury <input type="checkbox"/> Convertible <input type="checkbox"/> SUV <input type="checkbox"/> Passenger Van Auto Provider Preference: <input type="checkbox"/> Alamo <input type="checkbox"/> Avis <input type="checkbox"/> Budget <input type="checkbox"/> Dollar <input type="checkbox"/> Enterprise <input type="checkbox"/> Hertz <input type="checkbox"/> National <input type="checkbox"/> Other: _____ Express Numbers: <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;">Company</td> <td style="width: 20%; text-align: center;">Number</td> </tr> <tr> <td>1) _____</td> <td></td> <td></td> </tr> <tr> <td>2) _____</td> <td></td> <td></td> </tr> <tr> <td>3) _____</td> <td></td> <td></td> </tr> </table>		Company	Number	1) _____			2) _____			3) _____		
	Company	Number											
1) _____													
2) _____													
3) _____													
Air Travel	Hotels												
Meal Preferences: <input type="checkbox"/> Standard <input type="checkbox"/> Kosher <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other: _____ Seat Preferences: <input type="checkbox"/> Window <input type="checkbox"/> Aisle Class of Service: <input type="checkbox"/> Coach <input type="checkbox"/> Business <input type="checkbox"/> First Class Frequent Flyer Number: <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Airline:</td> <td style="width: 60%;">Number:</td> </tr> <tr> <td>1) _____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> </tr> </table>	Airline:	Number:	1) _____	_____	2) _____	_____	3) _____	_____	Room Preference: <input type="checkbox"/> Standard <input type="checkbox"/> Standard Smoking <input type="checkbox"/> Suite <input type="checkbox"/> Executive <input type="checkbox"/> Premium Bed Preference : <input type="checkbox"/> Queen <input type="checkbox"/> King Favorite Hotels: _____ _____ _____ Hotels to Avoid: _____ _____ _____				
Airline:	Number:												
1) _____	_____												
2) _____	_____												
3) _____	_____												