



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?

Notes:

What activities do you enjoy when travelling?

- Sightseeing/History
- Culture/Arts
- Beach/Sun
- Active/Sports
- Wine/Culinary
- Shopping
- Spa