

**CLASSIC WORLD TRAVEL**

EMAIL TO: [DAN@CLASSICWORLDTRAVEL.COM](mailto:DAN@CLASSICWORLDTRAVEL.COM) OR FAX TO: 770.487.9645

COMPANY INFORMATION				TRAVELER INFORMATION					
Company Name:				Name (Legal name):					
Billing Address:				Home Address:					
Billing City/ST/Zip:				City/ST/Zip:					
Delivery Address:				Office Phone:		Cell Phone:			
Phone:		Fax:		Email:					
AIRLINE INFORMATION				RENTAL CAR INFORMATION					
				Car Company	Company CD	Traveler ID	<input type="checkbox"/> Compact <input type="checkbox"/> Midsize <input type="checkbox"/> Full Size <input type="checkbox"/> Premium <input type="checkbox"/> Van <input type="checkbox"/> SUV		
Preferred Seats				HOTEL INFORMATION					
<input type="checkbox"/> Window <input type="checkbox"/> Center <input type="checkbox"/> Aisle <input type="checkbox"/> Exit				Hotel	Company CD	Traveler ID	Room Type		
SPECIAL NEEDS REQUEST							<input type="checkbox"/> Double <input type="checkbox"/> King <input type="checkbox"/> Suite <input type="checkbox"/> Smoking <input type="checkbox"/> Non Smoking <input type="checkbox"/> High Floor		
PASSPORT INFORMATION									
First Name:									
Middle Name:									
Last Name:				CREDIT CARD INFORMATION				USE FOR	
Date of Birth:				Card Number		Expiry	Air	Car	Hotel
Birth City:		Birth State:							
Issue Date:		Expiry Date:							
Passport Number:									
Known Traveler #:									