



PERSONAL PREFERENCE TRAVEL PROFILE

(TO BE KEPT CONFIDENTIAL)

**PLEASE FILL OUT BOTH SIDES AND RETURN BY FAX TO
HMS BUSINESS TRAVEL DEPT: (707) 525-2939:**

NAME: _____

COMPANY NAME: _____

TITLE: _____

COMPANY **MAILING** ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DELIVERY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE #: _____ FAX #: _____ CELL PHONE #: _____

EMERGENCY PHONE #: _____ E-MAIL: _____

HOME ADDRESS: _____

HOME PHONE #: _____ SPOUSE'S NAME: _____

PASSPORT #: _____ EXPIRATION DATE: _____ COUNTRY: _____

DATE OF BIRTH: _____

TRAVEL PREFERENCES:

AIRCRAFT SEATING: (CIRCLE ONE):

SMOKING AISLE SMOKING WINDOW NON-SMOKING AISLE NON-SMOKING WINDOW

AIRCRAFT TYPE PREFERENCE: _____

SPECIAL MEAL REQUESTS: _____

HOTEL PREFERENCE AND MEMBERSHIP #'S:

1). _____

2). _____

3). _____

ROOM AND/OR BED TYPE: _____ **SMOKING NON-SMOKING**

CAR RENTAL PREFERENCES MEMBERSHIP #'S:

- 1). _____
- 2). _____
- 3). _____

AIRLINE MEMBERSHIP #S...(FREQUENT FLYER #S)...VERY IMPORTANT!!!

- 1). _____ 4). _____
- 2). _____ 5). _____
- 3). _____ 6). _____

BILLING INFORMATION:

CARDHOLDER NAME: CARD TYPE: CARD #: EXP DATE:

Business a/x number

Personal card number

Authorization for HMS Travel Group to use my credit card from phone instructions:

I hereby authorize HMS Travel Group to act upon my instructions received by phone to charge any of my credit card accounts for expenses arising from travel arrangements made by HMS for me, or any person designated by me, including but not limited to airplane, steamship and railroad tickets, hotel, accommodations, car rentals, tour packages or other arrangements. I hereby ratify any instructions given pursuant to the above authorization(s) and agree that HMS, nor any of its employees, agents or representatives will be held liable for any loss, liability, cost or expense for acting upon such instructions believed by them to be genuine. I also agree to pay for any legal expenses should it become necessary to collect any credit card charges refused or returned by the credit card company. Subject to such conditions, this authorization will remain in effect until HMS has received written revocation from me.

CUSTOMER NAME: (please print): _____

SIGNATURE: (as it appears on card): _____

APPROVAL: (if required): _____