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Business Travel Service Enrollment Profile

This form helps to customize and retain your information and preferences when arranging for your travel

_____ New Profile

_____ Profile Update (Enter your name, company name and revised information)

Traveler Information

Full Name (First, Last) _____

Title _____ Employee ID _____

Company _____ Division/Dept _____

Business Address _____

City, State, Zip _____

Business Phone _____ Business Fax _____

Email Address _____ Cell Phone _____

Personal Information

Home Address _____

City, State, Zip _____

Home Phone _____

Credit Card Information

All business Air Tickets are charged to the following Credit Card:

Card Type _____ Account No: _____ Exp Date _____

All Hotels are guaranteed to the following Credit Card:

Card Type _____ Account No: _____ Exp Date _____

My Personal Travel is charged to the following Credit Card:

Card Type _____ Account No: _____ Exp Date _____

Authorization

I authorize charges to my credit card(s) for travel as requested.

Signature _____ Date _____

Airline Information

Frequent Flyer Numbers: List in order of Preferences (Please note: company preferences take priority)

Airline _____ No: _____ Airline _____ No: _____
Airline _____ No: _____ Airline _____ No: _____
Airline _____ No: _____ Airline _____ No: _____
Seating: ___ Non-Smoking ___ Smoking ___ Aisle ___ Window ___ Other _____
Meals: ___ Kosher ___ Low Calorie ___ Low Sodium ___ Vegetarian ___ Other _____

Car Rental Information

Car Membership ID Numbers: List in order of Preference (Please note: company preferences take priority)

CarCo. _____ No: _____ CarCo. _____ No: _____
CarCo. _____ No: _____ CarCo. _____ No: _____
CarCo. _____ No: _____ CarCo. _____ No: _____
Preferred Size: ___ Economy ___ Compact ___ Mid Size ___ Full Size
___ 2-Door ___ 4-Door ___ Other _____

Hotel Information

Frequent Guest Membership ID Numbers: List in order of Preference (Please note: company preferences take priority)

Hotel _____ No: _____ Hotel _____ No: _____
Hotel _____ No: _____ Hotel _____ No: _____
Hotel _____ No: _____ Hotel _____ No: _____
Preferred Room Type: ___ Double ___ Queen ___ King ___ Suite
___ Non Smoking ___ Smoking ___ Other _____

Passport/Visa Information

Passport No: _____ Name exactly as it appears on Passport: _____
Date of Birth _____ Country of Issue: _____ Exp Date: _____
Visa Country of Issue: _____ Date Issued _____ Exp Date _____
Visa Country of Issue: _____ Date Issued _____ Exp Date _____
Visa Country of Issue: _____ Date Issued _____ Exp Date _____

Additional Information

Emergency Contact _____
Relationship _____
Address _____
Phone _____
Email Address _____

Please note any other information we should be aware of regarding your travel preferences.

