



# Fair Winds Travel

## MISSISSIPPI STATE TRAVELER PROFILE

Please type or print.

**Name** (as it appears on I.D.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_

Title: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### BUSINESS INFORMATION

Company Name \_\_\_\_\_ Business Phone: ( ) - ext. \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Department: \_\_\_\_\_ Department Fax: ( ) - ext. \_\_\_\_\_

Travel Coordinator/Assistant: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Business Phone: ( ) - ext. \_\_\_\_\_ Fax: ( ) - ext. \_\_\_\_\_

Corporate Credit Card #: \_\_\_\_\_ Expiration Date: / /

Corporate Credit Card for Guarantee of Hotel Reservations (if different from above)

Corporate Credit Card #: \_\_\_\_\_ Expiration Date: / /

### PERSONAL INFORMATION

Home Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

Do you have a passport? Yes No Country of Citizenship: \_\_\_\_\_

Passport #: \_\_\_\_\_ Issued: / / Expires: / /

Credit Card for Personal Travel Reservations

Personal Credit Card #: \_\_\_\_\_ Expiration Date: / /

Personal Credit Card #: \_\_\_\_\_ Expiration Date: / /

### AUTHORIZATION

The undersigned traveler hereby authorizes Fair Winds Travel (FWT) to charge the card account (through signature on file) as indicated on this form, any business travel transactions requested by the undersigned traveler or authorized agent via telephone or letter while the account is in effect. The individual traveler hereby authorizes FWT to charge to his/her personal card account (through signature on file) as indicated on this form, any personal travel transactions requested by authorized agent via telephone or letter.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Traveler

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Authorized Agent (i.e. travel coordinator, personal assistant)

(see reverse side for additional information)

**TRAVELER PREFERENCES**

**AIRLINE INFORMATION**

Seating Preference      Aisle      Window      Exit Row      Bulkhead

Alternate Choice      Aisle      Window      Exit Row      Bulkhead

Special Meal Requests: \_\_\_\_\_

Medical Alerts (please specify): \_\_\_\_\_

Frequent Flyer Memberships (name on FF account *MUST* match name on I.D.)

Airline: \_\_\_\_\_ ID# \_\_\_\_\_

Airline: \_\_\_\_\_ ID# \_\_\_\_\_

Airline: \_\_\_\_\_ ID# \_\_\_\_\_

Airline: \_\_\_\_\_ ID# \_\_\_\_\_

Airline: \_\_\_\_\_ ID# \_\_\_\_\_

**HOTEL INFORMATION**

Hotel Club Memberships

Hotel Co.: \_\_\_\_\_ ID# \_\_\_\_\_

Hotel Co.: \_\_\_\_\_ ID# \_\_\_\_\_

Hotel Co.: \_\_\_\_\_ ID# \_\_\_\_\_

Hotel Co.: \_\_\_\_\_ ID# \_\_\_\_\_

Room Preferences:      Smoking      Non-Smoking      King Room      Double Room

**CAR RENTAL INFORMATION**

Car Rental Club Memberships

Car Co.: \_\_\_\_\_ ID# \_\_\_\_\_

Car Co.: \_\_\_\_\_ ID# \_\_\_\_\_

Car Co.: \_\_\_\_\_ ID# \_\_\_\_\_

Car Co.: \_\_\_\_\_ ID# \_\_\_\_\_

Corporate Discount Number: \_\_\_\_\_

Corporate Discount Number: \_\_\_\_\_

Special Requests: \_\_\_\_\_