THE TRAVEL CENTER/ American Express
3562 Route 27, Suite 112, Kendall Park, NJ 08824
Phone (732) 329-1000 Fax (732) 329-3083

# PERSONAL PREFERENCE PROFILE

**BUSINESS TRAVEL:**

NAME AS IT APPEARS ON ID FOR TRAVEL:

DATE OF BIRTH:

COST CENTER

ADDRESS

TITLE

**AIRLINE PREFERENCE:** SEAT: AISLE_____ WINDOW_____

FREQUENT FLYER NUMBERS:

SPECIAL MEALS

OTHER EXPIRATION

PASSPORT NUMBER DATE:

CITIZENSHIP IF

COMPANY

CREDIT CARD #

EXP. DATE

HOME PHONE

BUSINESS PHONE

CELL PHONE

FAX #

E-MAIL ADDRESS

**CAR PREFERENCE**

SIZE: _____FULL _____MIDSIZE _____COMPACT

HERTZ #1 NUMBER

AVIS WIZARD #

NAT'L

BUDGET OTHER

**HOTEL PREFERENCE:**

ROOM TYPE _____NONSMOKING _____SMOKING

HOTEL CLUB MEMBERSHIPS

TRAVEL AGENCY AUTHORIZATION FOR CORPORATE CREDIT CARD USAGE

I,_____,hereby authorize The TravelCenter to charge any transactions requested by me via phone or letter to my _____card #_____, exp date_____

Signature of Card Holder_____

**PERSONAL TRAVEL:**

HOME ADDRESS:

CREDIT CARD # (PERSONAL)

HOME PHONE #

SPOUSE:

NAME

DAYTIME PHONE#

SEAT: AISLE_____ WINDOW_____ EXPIRATION

PASSPORT NUMBER DATE:

CITIZENSHIP IF

**EXEC ASST / SECY INFO**

NAME

BUSINESS PHONE

FAX

E-MAIL

**CHILDREN:**

| NAME | DATE OF BIRTH |
|---|---|
| | |
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TRAVEL AGENCY AUTHORIZATION FOR PERSONAL CREDIT CARD USAGE

I,_____,hereby authorize The TravelCenter to charge any transactions requested by me via phone or letter to my _____card #_____, exp date_____

Signature of Card Holder_____