

# Foreign Accents, Inc

## CLIENT REQUEST FORM

Booking Agent  
Booking Form No.

Agent Code  
Date

Travelers Name	Age	Passport number	Issuer	Expiration Date
Preferred Destination (s)				
Flight Information				
Departure date		City		
Return date		City		
Other Cities/Towns				
Preferred Accommodations Check all that may apply	Hotel	<input type="checkbox"/> Y <input type="checkbox"/> N	Villa	<input type="checkbox"/> Y <input type="checkbox"/> N
	Yacht	<input type="checkbox"/> Y <input type="checkbox"/> N	Cruise	<input type="checkbox"/> Y <input type="checkbox"/> N
	Castle	<input type="checkbox"/> Y <input type="checkbox"/> N	Other	<input type="checkbox"/> Y <input type="checkbox"/> N
Preferred Transportation Check all that may apply	Car	<input type="checkbox"/> Y <input type="checkbox"/> N	Train	<input type="checkbox"/> Y <input type="checkbox"/> N
	Transfer	<input type="checkbox"/> Y <input type="checkbox"/> N	Private	<input type="checkbox"/> Y <input type="checkbox"/> N
Preference/Rewards Programs				
Hotel program name(s) and number(s)	Brand			Number
	Brand			Number
		No of Rooms	(e.g., king, double, single)	
Room preference				

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Preference/Rewards Programs		
<b>Frequent flyer program</b>	Brand	Number
	Brand	Number
	<b>No of Seats</b>	<b>(e.g., aisle, window, center)</b>
<b>Seating preference</b>		
Preference/Rewards Programs		
<b>Rental car program</b>	Brand	Number
	Brand	Number
	<b>No of Vehicles</b>	<b>(e.g., compact, mid-size, luxury)</b>
<b>Rental car preference</b>		
Communication		
E-mail		
Phone		
Fax		
Emergency contact		
Emergency phone		
Additional Information		
Will you require Insurance <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Maybe		
<b>On this trip, name places or events, etc., that you absolutely do not want to miss:</b>		
Additional Comments		