



CORPORATE TRAVEL PROFILE

Please send ORIGINAL to YYZ TRAVEL AMERICAN EXPRESS. Retain a copy for your file.

PERSONAL INFORMATION		
NAME	PREREFFED DEPT. AIRPORT:	
(PLEASE PRINT YOUR NAME EXACTLY AS IT APPEARS ON YOUR TRAVEL DOCUMENTS)		
HOME PHONE:	HOME FAX:	
MOBILE PHONE:	PAGER #:	
HOME ADDRESS:		
CITY:	PROVINCE/STATE:	
COUNTRY:	POSTAL CODE:	
ARE YOU A SENIOR CITIZEN (AGE 62 OR OLDER?) <input type="checkbox"/> YES <input type="checkbox"/> NO (for discount purposes)		
COMPANY INFORMATION		
COMPANY NAME:	TITLE:	
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
BUSINESS PHONE:	BUSINESS FAX:	
ASSISTANT'S NAME:	ASSISTANT'S PHONE:	
E-MAIL ADDRESS:		
DEPARTMENT:	COST CENTRE:	
CREDIT CARD INFORMATION		
<i>All BUSINESS tickets should be charged to the following credit card:</i>		
CARD TYPE:	ACCOUNT #:	EXP. DATE
<i>All HOTELS should be charged to the following credit card:</i>		
CARD TYPE:	ACCOUNT #:	EXP. DATE
<i>All PERSONAL travel should be charged to the following credit card:</i>		
CARD TYPE:	ACCOUNT #:	EXP. DATE
MY SIGNATURE BELOW AUTHORISES CHARGES TO MY CREDIT CARD(S) FOR REQUESTED TRAVEL:		
SIGNATURE:	DATE:	

YYZ TRAVEL AMERICAN EXPRESS
 7851 Dufferin St., Suite # 200, Toronto (Thornhill), Ont. L4J 2J6
 Tel: (905) 660-7000 Fax: (905) 660-7004 Toll Free 1-877-YYZGROUP (1-877-999-4768)
 email: yyztravel@yyztravel.com

AIRLINE INFORMATION

FREQUENT FLYER NUMBERS:

AIRLINE: _____ ACCOUNT NUMBER: _____

AIRLINE: _____ ACCOUNT NUMBER: _____

AIRLINE: _____ ACCOUNT NUMBER: _____

AIRLINE: _____ ACCOUNT NUMBER: _____

SEATING: NON-SMOKING SMOKING WINDOW AISLE OTHER

MEALS: LOW SODIUM VEGETARIAN LOW CALORIE KOSHER OTHER

CAR RENTAL INFORMATION

PREFERRED CAR RENTAL VENDORS:

RENTAL COMPANY: _____ ACCOUNT NUMBER: _____

RENTAL COMPANY: _____ ACCOUNT NUMBER: _____

RENTAL COMPANY: _____ ACCOUNT NUMBER: _____

RENTAL COMPANY: _____ ACCOUNT NUMBER: _____

PREFERRED SIZE: ECONOMY COMPACT MID SIZE FULL SIZE OTHER

2-DOOR 4-DOOR

HOTEL INFORMATION

HOTEL CHAINS – please list in order of preference: _____ FREQUENT GUEST MEMBERSHIP NUMBER: _____

1.

2.

3.

4.

ROOM TYPE PREFERRED: DOUBLE QUEEN KING JUNIOR

SMOKING NON-SMOKING OTHER



PASSPORT / VISA INFORMATION

PASSPORT #:		NAME AS IT APPEARS ON PASSPORT:	
DATE OF BIRTH:	COUNTRY OF ISSUE:	EXP. DATE:	GENDER:
VISAS:	COUNTRY:	DATE ISSUED:	EXP. DATE:
VISAS:	COUNTRY:	DATE ISSUED:	EXP. DATE:
VISAS:	COUNTRY:	DATE ISSUED:	EXP. DATE:
VISAS:	COUNTRY:	DATE ISSUED:	EXP. DATE:

ADDITIONAL INFORMATION

EMERGENCY CONTACT:
RELATIONSHIP:
PHONE:
Please note any additional information we should be aware of regarding your travel arrangements:
PLEASE PRINT YOUR NAME/COMPANY NAME: DATE:

