TOUR RESERVATION FORM

*INFORMATION REQUIRED FOR BOOKING FOR CARROUSEL TRAVEL

*AGENT NAME: _____ DATE: _____

*PASSENGER NAME	DOB	FREQ. FLYER NO.

*BILLING ADDRESS: _____

_____

*CITY: _____ *STATE: _____ *ZIP CODE: _____

HM PHONE: _____ WORK PHONE: _____

CELL PHONE: _____

EMAIL: _____

AIRLINE RECORD LOCATOR: _____

AIRLINE	FLT #	DATE	FROM	TO	DPT TIME	ARR TIME	SEATS

*TOUR COMPANY: _____

*BOOKING #: _____

*ARRIVAL DATE: _____ *DEPART DATE: _____

INSURANCE: ○ ACCEPTED ○ DECLINED DATE: _____

INS. VENDOR: _____

*DEPOSIT AMT: _____ DATE: _____

*FINAL PAYMENT AMT: _____ DATE: _____

FORM OF PMT: ○ CREDIT CARD ○ CHECK ◉ OTHER: _____

CREDIT CARD: ○ AMEX ○ VISA ○ MASTERCARD ◉ OTHER

CARD #: _____ EXP. DATE: _____ CVV: _____

*TOTAL SALE: _____

*COMMISSION: _____

HOTEL		
CITY		
ROOM TYPE		
RATE		
ARR DATE		
DPT DATE		
REQUESTS		

TRANSFERS		
CAR CO.		
CAR CITY		
CAR TYPE		
PICK UP DATE		
RETURN DATE		