



Business Account Information

Account Name _____
Address _____ Phone _____
City/State/Zip _____ FAX _____

PLEASE LIST FORM OF PAYMENT YOU PREFER

Company Check _____ Credit Card _____
Card Type _____ Account Number _____ Exp. Date _____

I do hereby authorize Geraci Travel to write penalty tickets ____ (please initial) and/or non-refundable tickets ____ (please initial) so our company may receive the lowest airfare at the time of booking. I further authorize Geraci Travel to place travel purchases made for your company on the above credit card. ____ (please initial).

Please note...all Hotel Reservations are guaranteed by a credit card for late arrival. Travelers should advise Hotel directly of any last minute changes ASAP or you will be billed.

PLEASE LIST ANY HOTEL OR CORPORATE DISCOUNT PROGRAMS

Hotels _____
Autos _____
(Should you have additional information...please attach)

Please forward a copy of your current Travel Policy or attach any pertinent information regarding the handling of your company's travel account.

When this form is completed...please return for entry into our reservation system.

Thank you for this opportunity to serve you!

Authorized Signature _____ Date _____

Printed Name _____ Title _____

1400 Colonial Blvd - #259 Ft. Myers, Florida 33907
(239) 931-0525 or FAX (239) 931-0575
(800) 741-0719