



Business Account Information

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

PLEASE LIST PREFERRED FORM OF PAYMENT

Card Type _____ Account Number - Various Cards
Travelers will submit their individual Account Cards which will be covered
by this credit card authorization.

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

PLEASE NOTE! ALL HOTEL RESERVATIONS ARE GUARANTEED BY A CREDIT CARD. ADVISE
HOTEL OF ANY LAST MINUTE CHANGES ASAP OR YOU WILL BE BILLED.

PLEASE LIST HERE ANY HOTEL OR CORPORATION DISCOUNTS YOU RECEIVE

Hotels _____
Autos _____

(If you have any additional information, please use back of this form or submit separately)

Please forward a copy of your current Travel Policy or list below any pertinent
Information regarding the handling of you company's travel below:

When entire form is completed, please return for entry into our permanent computer profile.

THANK YOU FOR YOUR COOPERATION!

Authorized Signature _____ Date _____

Printed Name _____ Title _____

**8595 College Parkway - #150 Fort Myers, Florida 33919
CORPORATE (239) 277-0719 - NATIONAL 1-800-741-0719
Fax (239) 931- 0545**