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## PASSENGER PROFILE

### PASSENGER

|                                     |                               |
|-------------------------------------|-------------------------------|
| TRAVELER'S NAME AND TITLE           | SECRETARY                     |
| COMPANY/ORGANIZATION AND DEPARTMENT | EMAIL                         |
| OFFICE ADDRESS, CITY, STATE, ZIP    | OFFICE PHONE                  |
| HOME ADDRESS, CITY, STATE, ZIP      | HOME PHONE (FOR AIRLINE ONLY) |

### CREDIT CARD

|                  |        |                    |            |
|------------------|--------|--------------------|------------|
| CREDIT CARD NAME | NUMBER | CVV/CVC (SECURITY) | EXPIRATION |
|------------------|--------|--------------------|------------|

### AIRLINE PREFERENCE

FIRST CLASS  COACH  LOWEST APPLICABLE  BUSINESS (INT'L)  WINDOW SEAT  AISLE  CENTER

|                       |            |                  |
|-----------------------|------------|------------------|
| PASSPORT NUMBER       | EXPIRATION |                  |
| FREQUENT FLYER NUMBER | AIRLINE    | NAME AS ON CARDS |

### CAR PREFERENCE

|  |                         |
|--|-------------------------|
| COMPANY CHOICE 1 AND ID  | COMPANY CHOICE 2 AND ID |
| <input type="checkbox"/> ECONOMY <input type="checkbox"/> COMPACT <input type="checkbox"/> MIDSIZE <input type="checkbox"/> FULL SIZE <input type="checkbox"/> LUXURY <input type="checkbox"/> WAGON <input type="checkbox"/> 2-DOOR <input type="checkbox"/> 4-DOOR |                         |

### HOTEL PREFERENCE

|   |                       |
|---|-----------------------|
| HOTEL CHOICE 1 AND ID   | HOTEL CHOICE 2 AND ID |
| <input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE <input type="checkbox"/> SUITE <input type="checkbox"/> TWIN <input type="checkbox"/> DOUBLE <input type="checkbox"/> QUEEN <input type="checkbox"/> KING <input type="checkbox"/> SMOKING <input type="checkbox"/> NON-SMOKING |                       |

|                         |        |                    |            |
|-------------------------|--------|--------------------|------------|
| LATE ARRIVAL: CARD NAME | NUMBER | CVV/CVC (SECURITY) | EXPIRATION |
|-------------------------|--------|--------------------|------------|

|              |       |      |
|--------------|-------|------|
| SUBMITTED BY | PHONE | DATE |
|--------------|-------|------|

I agree to be responsible for charges made on the above credit cards and at my direction.

|           |      |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|