



CLIENT PROFILE

A \$100.00 deposit is required on ALL bookings, this deposit goes towards you booking. non-refundable if fail to book.

Today's Date _____ E-mail address: _____

Name _____ TEL: # (____) _____ - _____

Address _____ BUS: # (____) _____ - _____

City _____ St _____ Zip _____ MOB: # (____) _____ - _____

Trip to: _____

Amount of money estimated you want to spend on your vacation? _____

Depart on MM/DD/YY: __ __ / __ __ / __ __ Arrive on: MM/DD/YY: __ __ / __ __ / __ __

From: Airport or Port of call): _____ To:(Airport or Port of call): _____

Return on MM/DD/YY: __ __ / __ __ / __ __ Arrive to:(Airport or Port of call): _____

*****International Air Travel:** Passports required for **all** flight travel.

*****For Cruises:** Verify with cruise line if a passport is required or certified birth certificate is suffice. (Result after speaking with cruise line) _____

Legal Names, Birth dates & Ages of ALL going on the trip:

1) _____

2) _____

3) _____

4) _____

RESORT or CRUISE

_____ All Inclusive Cruise line _____ Hotel view or Type of cabin _____

_____ Transfers Pre-paid gratitudes _____ Yes _____ No Add on air? _____ Yes _____ No

Client wants travel insurance? _____ Yes _____ No

Has the client cruised before? _____ Yes _____ No If yes, how many times? _____

Name of cruise lines guest has cruised on: _____

NOTES: _____



CREDIT CARD AUTHORIZATION FORM

Today's Date: ___ / ___ / ___ Booking # _____ Supplier: _____

Date of trip: ___ / ___ / ___

Cruise Ship Name: _____ or Resort Name: _____

Type of room or kind of cabin requested: _____

Inside Cabin - \$ _____ Oceanview Cabin - \$ _____

Airfare from: _____ to _____ Yes, I want pre-paid gratuities.

Deposit Amount: \$ _____ Date for Deposit: _____

Second Payment: \$ _____ Date for 2nd Payment: _____

Final Payment: \$ _____ Date for Final Payment: _____

Insurance for the trip Amount: \$ _____

_____ I have declined insurance and I realize by not purchasing it, my vacation is non-refundable

Total for the trip: \$ _____

Please verify all legal names, birth dates, and ages of guest are correct. (Please make sure the age of guest at the time of travel)

1) _____

2) _____

3) _____

4) _____

Credit Card: VISA MASTER CARD AMERICAN EXPRESS

Please provide front and back copies of your driver's license & your credit card.

Card Number: _____

Name on Card: _____

Expiration Date: _____ 3 Digit Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Work Number: _____

I acknowledge that all the information above is correct. By signing below I am giving authorization to Xstream Travel and or the supplier to charge my card for all charges listed above.

Signature: _____ Date: _____



RESORT PRICE QUOTE SHEET

Today's Date: ___ / ___ / ___

Client's Name: _____ Phone: # (____) _____ - _____

Supplier Name: _____ Supplier: # (____) _____ - _____

Destination: _____ Departure City/orAirport: _____

Dept. Date ___ / ___ / ___ Day: _____

Return Date ___ / ___ / ___ Day: _____

Number of Travelers _____ Ages of Travelers (if not adult): _____, _____, _____

Flight info: Airline _____

Date: _____ Depart: _____ Flight _____ Arrive _____

Date: _____ Return: _____ Flight _____ Arrive _____

Resort _____ Location _____

Preferred Star Rating _____

Guest would like following amenities available at the resort :

Room View: _____

Bed Type requested: _____ (King, Queen, Double etc.)

Meal Plan: _____ All-Inclusive _____ EP (no food) _____ Breakfast only

Transfers: _____ Yes _____ No Car Rental: _____

Travel Insurance: _____ Yes _____ No Cost: _____

Excursions: _____ Yes _____ No

Where _____ Costs: _____

Package Total \$ _____ Booking # _____

Deposit due ___ / ___ / ___ Amount \$ _____

Final due ___ / ___ / ___ Amount \$ _____

Notes: _____

