Client Information Form

Please fill out the form below and return it to us for your clients. We need the legal names as shown on the client's passports for tickets and other non refundable services. Tickets and services will be booked with the names on this form. No refunds or changes can be issued after we have ticketed these services. This form needs to be completed before we can book the clients transfers, Rail tickets, Tours, and other services.

Clients Legal names as shown on Passports, please indicate if client is under 18 years old.

Clients name 1:	Clients name 5		
Clients name 2:	ients name 2: Clients name 6		
Clients name 3:	Clients name 7	Clients name 7	
Clients name 4:	Clients name 8		
Please list any nick name to use on Do	ocuments: Example: Robert & Maria = Bob	& Mary	
If this is a special occasion, what is the	e occasion? Anniversary, Birthday, Graduat	ion.	
Clients Flight informatio	on, if all clients have the same information ju	ust write All next to clients name.	
Clients name:	Airline & Flight Number:		
Departure City:	Date:	Time:	
Arrival City:	Date:	Time:	
Clients name:	Airline & Flight Number:		
	Date:		
Arrival City:	Date:	Time:	
Clients name:	Airline & Flight Number:		
Departure City:	Date:	Time:	
Arrival City:	Date:	Time:	
Clients name:	Airline & Flight Number: _		
Departure City:	Date:	Time:	
Arrival City:	Date:	Time:	
Please	e provide other important information be	elow.	
Please provide clients phone nu	ımber that operates in Europe:		
ne clients prefer specific travel times for	transfers or rail tickets please specify below	N:	