

EQUITRADE INTERNATIONAL TRAVEL REQUEST FORM

DATE:				
CLIENT INFORMATION				
Company Name:		Account Number:		
Reservation Name:		Phone Number:		
Address:	City:	State:	Zip:	
Fax Number:	Email Address:			
□ Check One: Please book this rese and I am responsible for payment in	rvation. I understand and accept that once my full.	reservation is made, reser	vations cannot be cancelled	
	y. I am not ready to make a reservation. I ur rates and vacancies may or may not be applicab	-	, .	
TRAVEL INFORMATION				
Destination (City):				
Check In Date:	Check Out Date:Total Numl	per of Nights:		
Total Number of People:	Adults: Children: S	moking: 🗆 YES 🛛 NO		
Accommodations Requested: Hotel/Motel □one bed □two bed □	suite □House/Cabin □Condo □Bed & Breakfast	Total Number of Rooms Ne	eded:	
Credit Card Information				
This section must be filled out complet	ely in order to process the travel request.			
VISA: MasterCard: Ame	rican Express:			
Name:	CVD #:			
(As it appears on the card) (3 dig				
Card #:	Exp Date:			
Billing Address:				
NOTE: By signing this form you under responsible for payment in full.	stand and accept that once a reservation is made,	reservations cannot be cance	elled and you are	
A one-time reservation booking fee of	\$25.00 in cash will be applied to all confirmed rese	rvations.		
THIS REQUEST, I UNDERSTAND/AGRE REFUNDABLE. I ASSUME ALL LIABILIT	complete information including signature by an E THAT ONCE THE RESERVATION IS MADE FOR M Y FOR MYSELF AND MY GUESTS. I understand that charge will apply for travel that is fulfilled from	E IT CANNOT BE CHANGED (at the property may require	OR CANCELLED AND IS NON- a credit card as a security	
Signature:	Date:			

Please forward this Travel Request Form to travel@equitradeintl.com or fax to: 678-807-2615