



**WRIGHT TRAVEL
CORPORATE PROFILE**

Please print this form, complete it, and fax it to your assigned agent.

Thank you!

COMPANY:	
DELIVERY ADDRESS: (physical address)	
BILLING ADDRESS:	
PHONE:	Area Code
FAX:	Area Code
EMAIL:	
PERSON (S) AUTHORIZED TO MAKE TRAVEL ARRANGEMENTS:	
AIRLINE CORPORATE PROGRAMS:	
Name of airline:	Program No.
Name of airline:	Program No.
Name of airline:	Program No.

HOTEL CORPORATE NUMBERS:

Best Western:	Hampton Inns:	Marriott:
Baymont Inns:	Hilton:	Omni:
Choice Hotels:	Holiday Inns:	Radisson:
Days Inn:	Homewood Suites:	Starwood:
Doubletree:	Howard Johnson:	Westin:
Drury Inn:	Hyatt:	Wyndham:
Embassy Suites:	LaQuinta:	Other:
Four Seasons:	Loews:	Other:

CAR RENTAL CORPORATE NUMBERS:

Alamo:	Thrifty:	Dollar:
Avis:	Hertz:	National:
Budget:	Enterprise:	Other:

SIZE OF CAR:

Economy	Compact	Intermediate
----------------	----------------	---------------------

Full (2Dr.)	Full (4Dr.)	Luxury	SUV	Minivan
--------------------	--------------------	---------------	------------	----------------

I hereby authorize Wright Travel to charge, to the card or credit card air billing (“ghost”) account named below, airline tickets, service fees, and hotel guarantees for all employees of the above named company. If the card or account is not a “ghost” card, a copy of the front and back of the card is attached. This authorization will continue in effect and renew automatically beyond the card expiration date as the card is renewed from year to year until I advise you in writing to the contrary.

Credit Card Company:	
Name as it appears on the Card:	
Credit Card Number:	Expiration Date:
Date:	Signature:
Printed Name:	
Title:	