

LEVEL UP GLOBAL

Your Personal Travel Planner

Please take your time to fill out the form and email it back to me

Customer Information Form

DATE COMPLETED:



Client Name: _____ Email: _____ Phone: _____

Address: _____

Vacation Budget: _____ Insurance: ☐ Yes ☐ No (If no, obtain signed waiver)

Number of Adults: _____ Number of Children and Ages: _____

Dates of Travel: _____ Flexible: ☐ Yes ☐ No

Destinations of Interest: _____

Air Travel

Departure City: _____ Airline Preference (Frequent Flyer Programs): _____

Seat Preference: ☐ Economy ☐ Extra Leg Room/Premium ☐ Business Class ☐ First Class ☐ Aisle ☐ Middle
☐ Window ☐ Bulkhead ☐ Forward ☐ Wing

Cruise Vacation

Cruise Preferences (Frequent Cruiser Programs): _____

Cruise Itinerary: _____ Cruise Length: _____

Pre and Post Cruise Nights: ☐ Yes ☐ No Cabin Class: _____

Beverage Plan: ☐ Yes ☐ No Beverage Plan Type: _____

Hotel and Resort Vacation

of Nights: _____ Hotel Preferences (Frequent Guest Programs): _____ # of Rooms/Arrangement: _____

Room: ☐ Standard Room ☐ Garden View ☐ Ocean View/Front ☐ Other: _____

Features: ☐ All Inclusive ☐ Adults Only ☐ Family Friendly ☐ Concierge Level: _____

☐ Suite/Jr Suite ☐ On the Beach ☐ Near City Center ☐ Kids Club

☐ Near Air/Cruise Port ☐ Luxury Resort ☐ Activities On-Site ☐ Standard View ☐ Ocean View

Car Rental

Car Preferences (Frequent Renter Programs): _____ Add-Ons: _____

Car Category: ☐ Compact ☐ Mid Size ☐ Full Size ☐ Luxury ☐ Other

Package Tour

Country or Countries of Interest: _____ ☐ Escorted ☐ Independent Activity Level: _____

Other Information

What hotels have you stayed in and enjoyed?

What cruiselines and resorts have you enjoyed before, if any?

What activities do you enjoy when travelling?

☐ Sightseeing/History ☐ Culture/Arts ☐ Beach/Sun ☐ Active/Sports

☐ Wine/Culinary ☐ Shopping ☐ Spa

Notes:

Customer: _____ Date: _____

Independent Travel Advisor: Laura Shouldis PIN: P409614Advisor Tel: (571) 544-1409 Fax: _____ Email: info@levelupglobal3.com**TRAVEL PURCHASE AUTHORIZATION For Non-Website Purchases. Thank you for your purchase.**

IntelTravel.com is pleased to confirm the following travel arrangements. To complete your transaction and confirm your arrangements, your signature on this authorization is required. This form is NOT required for electronic purchases you complete yourself on our website, www.IntelTravel.com, or its affiliates. Charges are payable ONLY to IntelTravel.com or the hotel, resort, tour operator, cruise line or other travel supplier. Independent Travel Advisors may not accept and process charges through any other account, or accept checks, cash or other forms of payment.

TRAVEL INSURANCE WAIVER

For your protection, Travel Insurance is strongly recommended and available upon request from IntelTravel.com. You can enroll online for travel protection for Medical Expenses, Baggage Delays/Loss, Trip Delay or Cancellation, and other coverage, or your IntelTravel.com Independent Travel Advisor can arrange coverage for you. For an online insurance quote and purchase, go to www.IntelTravel.com and click on *Insure It*.

To decline recommended travel insurance, your signature on this insurance waiver form is required. Final Travel Documents (tickets, vouchers, etc.) cannot be sent to you prior to receipt of the signed insurance waiver.

I, _____, authorize IntelTravel.com and or this travel supplier:

_____, to charge my:

(check one) ☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ VISA ☐ DISCOVER

Credit Card Number : _____ Expiration Date: _____

Billing Address: _____ CVV: _____

_____ For the amount of \$ _____ (USD)

For the following travel arrangements:

Itinerary : _____

Dates of Travel: _____ Booking Number: _____

Passenger Names: _____

PLEASE SIGN ON THE LINE WHICH APPLIES

I have **ACCEPTED** and authorized the travel purchases above, including travel insurance, and I am aware the insurance premium is not refundable.

Customer Signature: _____ Date _____

OR

I have **ACCEPTED** and authorized the travel purchases above, and I understand that by signing below, I am **DECLINING TRAVEL INSURANCE**. I have read and understand all cancellation charges and change fees related to the above travel arrangements, and that I may not be entitled to a full refund should my travel plans change. In case of cancellation of nonrefundable airline tickets or other arrangements, I agree to pay all applicable penalties according to the travel supplier's rules.

Customer Signature: _____ Date _____

IMPORTANT: Please attach a legible copy of the front and back of your credit card.

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Waiver of Travel Insurance Coverage



Thank you for consulting with our agency for your travel needs. We value your business and appreciate the time you have spent with us to build your dream vacation. You will find a quote below that includes your trip cost, airfare, taxes/fees and insurance.

Waiver of Travel Insurance Coverage

Please read this carefully!

You are a valued client and we want to do everything possible to make your trip enjoyable and worry free. Because the unforeseen and unexpected can occur - before you leave or when you're away from home - we recommend the **Allianz Plan**. It offers excellent benefits and combines insurance coverage with Emergency Hotline Services. Please read the **Allianz** brochure carefully for more information.

Amount at risk:

If you are forced to cancel or interrupt your trip, you may forfeit up to: \$ _____

Allianz Plan Cost:

You can protect your valuable travel investment for only: \$ _____

☐ **NO**, do not enroll me for the **Allianz** Protection Plan. I understand that I am responsible for any cancellation penalties and out-of-pocket expenses incurred. I will also make my own provisions in the event of an emergency while I am traveling.

NAME (PLEASE PRINT) _____

SIGNATURE _____

DATE _____