## **Client Request Form**

NAME	
	(as it appears on Driver's License or Passport)
Address:	
City, State ZIP:	Best phone number(s):
Email:	Date of Birth:
HOTEL PREFERENCES	<u> </u>
Do you prefer a King bee	d or a room with 2 Double beds?
Do you prefer smoking of	or non-smoking room?
Do you have any standa	ard requests or preferences for hotel stays?
If given a choice of a we white wine; fruit and wat	Icome amenity, what would you choose? (Examples: red wine; er; chocolate; etc.)
FAMILY MEMBER INFO Please provide Name (o	DRMATION on gov't ID), relationship, and Date of Birth for each traveler.
CREDIT CARD GUARA	NTEE INFORMATION
Card Type: Numbe	r: Exp. Date: /
Name on the card:	Security Code: Billing Zip Code:
	Credit Card Authorization
· · · · · · · · · · · · · · · · · · ·	ument, I authorize Brownell to charge the above credit card(s) for any travel or by my authorized agent via telephone, email, fax, or letter.
date//	Signature
Please email to	David@MetaphorTravel.com, or FAX to (510) 277-0650
MARKETING CHOICES	b I marketing materials by mail and/or email. Opt-in or opt-out?