# MUSTIQUE AIRWAYS LTD

# RESERVATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **AGENT / CUSTOMER INFORMATION** | | | | | | | | | | | |
| Name: | | | | | Date: Day    Month    Year | | | | | | |
| Phone Number: | | | | | Fax Number: | | | | | | |
| E-Mail Address: | | | | |  | | | | | | |
| FIRST TRAVEL SECTOR RETURN TRAVEL SECTOR | | | | | | | | | | | |
| TYPE OF SERVICE  Private Charter  Shared Charter | | | | | TYPE OF SERVICE  Private Charter  Shared Charter | | | | | | |
| Date of Travel: Day    Month    Year | | | | | Date of Travel: Day    Month    Year | | | | | | |
| Route – From: | | | | | Route – From: | | | | | | |
| Route – To: | | | | | Route – To: | | | | | | |
| Time: | | | | | Time: |  | | | | | |
| International Flight Number: | | | | | International Flight Number: | | | | | | |
| Local Contact: | | | | | Local Contact: | | | | | | |
| passenger information | | | | | | | | | | | |
| 1 | Full Name |  | | | Date of Birth | | | Passport Number | Passport Expiry Date | Nationality | |
| Day    Month    Year | | |  |  |  | |
| 2 | Full Name |  | | | Date of Birth | | | Passport Number | Passport Expiry Date | Nationality | |
| Day    Month    Year | | |  |  |  | |
| 3 | Full Name |  | | | Date of Birth | | | Passport Number | Passport Expiry Date | Nationality | |
| Day    Month    Year | | |  |  |  | |
| 4 | Full Name | |  | | Date of Birth | | | Passport Number | Passport Expiry Date | Nationality | |
| Day    Month    Year | | |  |  |  | |
| 5 | Full Name | |  | | Date of Birth | | | Passport Number | Passport Expiry Date | Nationality | |
| Day    Month    Year | | |  |  |  | |
| 6 | Full Name | |  | | Date of Birth | | | Passport Number | Passport Expiry Date | Nationality | |
| Day    Month    Year | | |  |  |  | |
| 7 | Full Name | |  | | Date of Birth | | | Passport Number | Passport Expiry Date | Nationality | |
| Day    Month    Year | | |  |  |  | |
| 8 | Full Name | |  | | Date of Birth | | | Passport Number | Passport Expiry Date | Nationality | |
| Day    Month    Year | | |  |  |  | |
| 9 | Full Name | |  | | Date of Birth | | | Passport  Number | Passport Expiry Date | Nationality | |
| Day    Month    Year | | |  |  |  | |
| payment by major credit card | | | | | | | | | | | |
| Credit Cards Accepted: VISA  MASTERCARD  AMEX | | | | | | | | | |  |  |
| CARD NUMBER: | | | | | | | EXPIRY DATE: Month    Year | | | | |
| NAME ON CARD: | | | |  | | | | | | | |
| E-MAIL Signature: | | | | Or Fax, Signature: | | | | | | | |
| Customers preferring to fax this form, please use the following Fax Numbers  **USA** Fax 1-212-202-4087 / **Canada** 1-416-352-5739  **All Other Countries please use** 1-784-456-4586. **All faxes are answered directly by our office in St. Vincent & Grenadines** | | | | | | | | | | | |
| CANCELLATION POLICY | | | | | | | | | | | |
| 24 hours notice is required to obtain a refund or to change travel dates on shared charters, and 48 hours notice is required to obtain a refund or to change travel dates on private charters. | | | | | | | | | | | |
| **Mail: P.O. BOX 1232, ST. VINCENT AND THE GRENADINES - TEL #: 1-784-458-4380** | | | | | | | | | | | |