# MUSTIQUE AIRWAYS LTD

# RESERVATION FORM

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| **AGENT / CUSTOMER INFORMATION** |
| Name:       | Date: Day    Month    Year    |
| Phone Number:       | Fax Number:       |
| E-Mail Address:       |  |
| FIRST TRAVEL SECTOR RETURN TRAVEL SECTOR |
| TYPE OF SERVICEPrivate Charter [ ]  Shared Charter [ ]  | TYPE OF SERVICEPrivate 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** |