

## **FULL SERVICE TRAVEL AGENCY**

MD Office 410-367-5136 NJ Office 609-699-6175

GA Office 912-659-2788

## **CLIENT QUALIFICATION FORM**

## Date:

1.	Where do you want to travel?		
		Dates	
		Dates	
2.	How many people traveling (Names as p	rinted on Passport)?	
	a. Name b. Name c. Name d. Name e. Name		DOB: DOB:
3.	Your address:		
4.	Email:		
5.	Telephone # 7	Γelephone #	
6.	Are you Military, Police, Fire Fighter, or Travel partner?		
7.	What is your anniversary?		

- 8. What airport do you want to leave from?
- 9. Do you have a specific resort or cruise line in mind?
- 10. Have you visited this resort before or cruised on this cruise-line?
- 11. Is a good beach important to you or a good pool?
- 12. What was the best vacation you have had, when and why was it the best?
- 13. What is the worst vacation you have had, when and what made it the worst?
- 14. What is the budget amount you want to spend?
- 15. Are you ready to book at this point if I find the right vacation for you?

Be mindful that this is an initial consultation. Any further pricing or research will require a Good Faith Deposit. Your Good Faith Deposit is used towards your final payment once you have booked your vacation.

Thank you for choosing 1<sup>st</sup> Class Travel and we look forward to assisting you in planning your vacation.