

C O R P O R A T E T R A V E L P R O F I L E



Please fill out this form and FAX it to Aspen Travel at 307.733.7131

Company Information:

Company Name: _____ AICP Member: ____ Y ____ N

Address: _____

City: _____ State: _____ Zip: _____

Phone: () ext. Fax: ()

Principal Personnel:

#1 First Name: _____ Last Name: _____

Phone: () ext. Fax: ()

Email: _____

Title: _____ Assistant's Name: _____

#2 First Name: _____ Last Name: _____

Phone: () ext. Fax: ()

Email: _____

Title: _____ Assistant's Name: _____

#3 First Name: _____ Last Name: _____

Phone: () ext. Fax: ()

Email: _____

Title: _____ Assistant's Name: _____

Corporate Car / Hotel Programs:

Please list all corporate discount and/or membership plans. (Individual ID numbers and memberships should be listed on the [Individual Travel Profile](#).)

Preferred Car Rental Agencies	Membership ID
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes:

Hotel Preferences:

Preferred Hotel	Membership ID
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes:

Limo Service:

Preferred Service	Account Number
1. _____	_____
2. _____	_____

Shipping Accounts:

Fed Ex: _____
UPS: _____
Other: _____

Any Additional Information:

Notes: