

Date Received:	
Duelsen	
Broker:	

Come Trade on Our Success

## **Star Clippers REQUEST FORM**

Company Name:	
Email Address:	Phone #:
Name of Passengers (s): (As it appears on your passport)	
Name of Passengers (s):	
Name of Passenger (s):	
Name of Passenger (s):	
Itinerary/Date of Departure 1st Choice:	
VALID CREDIT CARD INFORMATION: This is no	eeded prior to any requests/bookings being made on your behalf.
Credit Card #:	Exp:CVV:
Name as It Appears on Credit Card:	Phone # for this Credit Card
Billing Address of Credit Card Street:	
City	StateZip
<ul> <li>All travel requests must be completed in full a</li> <li>Reservations are non-cancelable and non-re</li> <li>All Gratuities and Port charges are the respon the property booked.</li> <li>Please allow 5 business days for confirmation</li> <li>Do not contact the Cruise line directly. This many contact the confirmation</li> </ul>	efundable. nsibility of the party traveling. These charges are payable in cash directly to
**Client Signature:	Date:
	and the Travel Policies & Procedures as outlined by Business Network, Inc.
ı	For Inner Office Use Only
Date Booked: Confirmation Num	ber:Contact:
Ship Name:	
Address:	
	ategory/Cabin #: Total Barter:
Authorization #:	

**Corporate Office:** 57 Plains Road, Milford, CT 06460 203.647.0251

www.barternetworkinc.com