



# TRAVEL ENQUIRY FORM

Name:  
Account Number: 6009 1264  
Phone:  
Email:

Company:  
Expiry Date:  
Fax:

Quote  Booking

Quote/Booking number:  
(to be completed by Travel Co-ordinator)

## Destination

Number of Passengers:  Adults  Child  Infant  
Ages of children:

Note – if this is a booking, please state all passenger's names (title/initial/surname)

## Accommodation details

 (Please highlight Grade and Type of Accommodation required)

Grade of Accommodation:  
Budget / Moderate / Luxury

Type:  
Hotel / Motel / B&B / Resort / Apartment

Hotel Name – if known	Check in Date	Check out Date	Location	Room Type

Any additional requirements:

## Rental Car Required

 Yes  No (Please highlight Car Type and Car Size required)

Car type:  
Automatic / Manual

Size:  
Compact / Medium / Large

	Date	Time	Location
Pick up			
Drop off			

If request for airport pick up and/or drop off, please complete the details below

Flight Number	Date	ETA

Additional requirements:

## Transfers Required

 Yes  No

(Transfers will be from airport to hotel/motel and vice versa unless otherwise specified)

Flight Number	Date	ETA	Transfer to
Flight Number	Date	ETD	Transfer from

## Additional Information/Requests

Please specify:

Do you require a Travel Guide  Yes  No

Please send travel request 6-8 weeks prior to travelling.  
Return this form to: [travel@bartercard.co.nz](mailto:travel@bartercard.co.nz) or fax (07) 571 0973