**NEW ACCOUNT FORM**

Thank you and welcome to Corporate Travel Management. Please download and fill out the form below. Completed forms should be faxed or mailed to CTM at the address below.

Fax: 704.561.0737

Mail:

Corporate Travel Management

11301 Carmel Commons Blvd

Suite 116

Charlotte, NC 28226

PLEASE DO NOT EMAIL THE COMPLETED FORM; THIS FORM CONTAINS SENSITIVE INFORMATION.

**New Account – Implementation Data**

Name of Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Company Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Tax ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (required for Airline Rewards Programs)

**Company Liaison for Travel Program**

Company Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(cont’d)

**Reporting Information**

Do you want CTM to capture any accounting/data fields for management reports? I.E. Departments, Job Codes, PO #s, TA #s, Etc.

This information is for **Travel** reports – **not expense. Expense data fields will offer their own reporting.**

Please advise specifications, if applicable – I.E. numerics only, accept any data, etc. Please attach data if necessary.

|  |  |
| --- | --- |
| **Accounting Field** | **Description** |
|  |  |
|  |  |
|  |  |
|  |  |

Does your company want a specific email address to get a copy of all travel? i.e. travel@abccorp.com

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your company have a corporate travel policy and/or Approval Process? [ ] Yes [ ] No

(If yes, please attach.)

**If you do not have a current Travel Policy or if it is being revised, please submit this new account setup form without it.  CTM will discuss best practices during our implementation calls and can share sample policies.**

(cont’d)

**Airline Reward Programs**

Upon receipt of the implementation form, we will begin by signing your account up for the corporate rewards programs with Delta, United, Southwest and American Airlines. AA and UA require a linked traveler frequent flyer number for a company account log in. **These programs in no way interfere with the individual traveler’s frequent flyer account.**

**Travel Manager or Executive’s Frequent Traveler Information**

**American Airlines** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**United Airlines** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you already have any Airline Discount Contracts or Reward Programs, please list the account information below. (Please attach a copy of any discount contracts)

Airline: \_\_\_\_\_\_\_\_\_\_\_\_ [ ] Discount Contract [ ] Reward Program – Reward Program # \_\_\_\_\_\_\_\_\_\_\_\_

Airline: \_\_\_\_\_\_\_\_\_\_\_\_ [ ] Discount Contract [ ] Reward Program – Reward Program # \_\_\_\_\_\_\_\_\_\_\_\_

Airline: \_\_\_\_\_\_\_\_\_\_\_\_ [ ] Discount Contract [ ] Reward Program – Reward Program # \_\_\_\_\_\_\_\_\_\_\_\_

Airline: \_\_\_\_\_\_\_\_\_\_\_\_ [ ] Discount Contract [ ] Reward Program – Reward Program # \_\_\_\_\_\_\_\_\_\_\_\_

**Negotiated Hotel Rates**

[ ] Yes [ ] No
If yes, please provide:

**Hotel 1:**

Property Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Contract Rate: \_\_\_\_\_\_\_\_\_\_\_\_ Hotel Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hotel 2:**

Property Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Contract Rate: \_\_\_\_\_\_\_\_\_\_\_\_ Hotel Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rental Car Programs**

[ ] Yes [ ] No

Car Rental Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(cont’d)

**Basic Economy Air Fares**

These airline discounted fares are intended primarily for leisure travelers.

They are restrictive to the following rules:

• 1 personal item only, no access to overhead bin.

• Seats assigned at check-in.

• No upgrades.

• Changes and refunds are not permitted.

• Board in last group.

Would you like these discounted fares offered to your travelers? [ ] Yes [ ] No

**Payment**

**Agency fees are charged at time of ticketing to the same credit card used to purchase the airline ticket.**

Do your travelers all use the **same** corporate credit card number for all airline tickets – i.e. one master account?

[ ] Yes [ ] No

If no, then we assume your travelers will use individual corporate credit cards or a personal credit card - **and no additional credit card information is needed.**

If yes, is this master credit card account optional to use or required for air travel?

[ ] Optional [ ] Required

**\*\*\* Credit Card Authorization Disclosure Form \*\*\***

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ do hereby authorize:
 (Authorized owner of the credit card referenced below)

**Corporate Travel Management, Inc.** to charge the referenced credit card on request. I understand and agree that *Service Fees* are non-refundable and *Penalties* may apply.

Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

 (as it appears on the card)

Company Name & Address (if travel activity is company related)

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

(cont’d)

Billing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Company Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include Area Code)

Credit Card Type: [ ] AmEx [ ] Visa [ ] MasterCard [ ] Discover [ ] TP

Credit Card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Expiration (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

**Please attach a front and back photo copy of the credit card.**

**Concur | Online Booking via Concur Travel**



Corporate Travel Management offers our clients the Concur Travel online booking solution. If your company has opted to use Concur Travel, please be prepared to provide a company logo during our implementation call.

* **Requirements**
	+ Concur accepts either .jpg or .gif file type
	+ The file must be under 100kb in size
	+ The image should be 55 pixels high and no more than 200 pixels wide