



AIR-X CLIENT SERVICE PROFILE RECORD

7004 NW Highway 9
Kansas City, MO 64152
Voice: 816-741-0727 Fax: 816-741-7662

Name of Agency: _____

Agency Street Address: _____

Agency City: _____ Agency State: _____ Agency

Zip: _____ Main Telephone Number: _____

Persons Authorized to Order Transport Service from AIR-X

Name and Title: _____

Telephone Number: _____ E-mail: _____

Name and Title: _____

Telephone Number: _____ E-mail: _____

Name and Title: _____

Telephone Number: _____ E-mail: _____

Fax number to where travel itineraries should be sent: _____

Travel Payment Information

We will enter orders on web \$11.00

We will call or fax our orders in \$15.00

We will pay by credit card for no additional fee

We will pay by invoice for an additional \$4.00 invoicing fee

Credit Card: American Express Visa MasterCard Other

Credit Card Number: _____ Expiration Date: _____

Name as it Appears on the Card: _____

We would like to take advantage of Direct Bill for our hotel and rental car reservations:

Person Completing This Form

Name: _____ Date: _____

E-mail Address: _____

Signature: _____

Please fax this form to AIR-X: Attention Records Department (816) 741-7662

NSA Member

AJA Member

ACA Member

VSA Member