

TRAVEL APPLICATION FORMS

1. PASSENGER NAME (Should be matched with your passport name)

	<u>Last Name</u>	<u>First, Middle Name</u>	<u>Date of Birth</u> (MM/DD/YY)	<u>Nationality/Passport Number /Expire date</u>
(1)	M _____	_____	/ /	/ /
(2)	M _____	_____	/ /	/ /
(3)	M _____	_____	/ /	/ /
(4)	M _____	_____	/ /	/ /

** Due to FAA Regulation, airlines require passport number for whom holding a U.S. passport for security purposes.

2. CONTACT PHONE NUMBER IN DESTINATION: () _____ - _____

3. CONTACT PHONE NUMBER AND NAME OF NEXT OF KIN/OR COMPANY IN U.S.:

() _____ - _____ Name in Full _____

4. MAILING ADDRESS: () Same as it shows on the Itinerary.

() Send to Address Below () Send to Japanese Address Below

_____	_____
_____	_____
_____	_____
_____	_____

Phone Number: _____ Phone Number: _____

5. DID YOU FIND ANY ERRORS IN YOUR ITINERARY? (Spelling, Dates, Address, etc.)

() There are no errors. () There is error, and please correct to: _____

6. PAYMENT DETAILS AND MAILING METHOD:

AIRFARE WITH TAX \$ _____	1. FedEx (\$14-2days/\$18-overnight)	2. Delivery Service to Japan (\$18)
MAILING METHOD \$ _____	3. U.S. Postal Services (Free)	4. Electronic Ticketing* (Free)
TOTAL AMOUNT \$ _____	*Above Shipping fee is for one person ticket, and additional 60% fee will be applied from 2nd tickets.*	

*Some airlines are not eligible for electronic ticketing. Please verify with your agent before requesting so.

** WE ARE NOT RESPONSIBLE FOR LOST OR STOLEN TICKETS, IF TICKETS/DOCUMENTS WERE DELIVERED BY REGULAR U.S. POSTAL MAIL **

7. PAYMENT METHODS:

() Credit Card () Debit / Check Card () Personal Check () Money Order / Cashier's Check () Bank Wire Transfer
 () If credit card is already on file with us please provide type, last four digits and expiration. _____ Exp _____

8. FREQUENT FLYER PROGRAM:

() Do not need one. () Please send me a Frequent Flyer application.
 () My Frequent Flyer number is : _____

9. SEAT ASSIGNMENT:

() NONE () Window () Middle () Aisle

10. SPECIAL MEAL REQUEST:

() Vegetarian () Child Meal () Infant Meal () Other _____

11. SPECIAL ASSISTANCE REQUEST (Wheelchair, etc.):

() No Special Assistance is needed. () Other _____

12. TRAVEL INSURANCE:

() Yes, send Tele-Trip Travel Insurance Coverage Plan.
 () No travel insurance coverage plan is needed.

** Please send this Application Form along with Check or Credit Card Authorization Form by fax or by mail.

** If you fail to fill out all the information, you may experience a delay in receiving your tickets; so, please make sure you have filled out all the information above before sending it out.

I have understood all the rules and regulations of the airline ticket/tour on the itinerary. I will purchase the travel document(s) from Gateway Tourist, Inc./d.b.a. Gateway Holiday.

Signature: _____

Date: _____

Name (Print): _____

Please Fax 1-800-413-313 or 213-413-2277 mail to Gateway Tourist 1545 Wilshire Blvd Suite 416 Los Angeles CA 90017-4505