

SEABORNE

Corporate Frequent Travel Program

Application Date: _____

Company Name: _____

Phone Number: _____

Company Contact: _____

Limit to Open Account: _____

Email: _____

Form of Payment: **VISA** **AM EX**

Mailing Address: _____

MASTERCARD **COMPANY CHECK**

Credit Card Number: _____

Approval Signature: _____

Exp. Date: _____

Print Name: _____

PLEASE NOTE: \$1,000 Minimum non-refundable deposit is required to open account • Prices are subject to change. • In the event of closing your account, the remaining balance is non-refundable, but transferrable.

For valued security of your corporate account, please choose one or two of the security questions below:

• What was your childhood nickname? _____

• What is the name of your favorite childhood friend? _____

• What was your dream job as a child? _____

• What was your high school mascot? _____

• What was your favorite place to visit as a child? _____

Please send a copy of the front and back of your CC Card.

FOR RESERVATIONS

corporatesupport@seabornearlines.com

PHONE: 866-359-8784 or 787-946-7800 DR: 809-200-0331

FOR SALES INQUIRIES AND QUESTIONS: sales@seabornearlines.com

PR: Melanie Fernandez • mfernandez@seabornearlines.com

USVI & BVI: Melanie Fernandez • mfernandez@seabornearlines.com

DR: Anthony Duran • aduran@seabornearlines.com

OFFICE HOURS

Monday - Sunday 6am -7pm