

SEABORNE

Corporate Frequent Travel Program Application

Application Date:

Company Name On Account:

Company Primary Contact:

Email:

Phone Number:

Mailing Address:

Country:

Zip Code:

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

Limit to Open Account:

Form of Payment:

COMPANY CHECK

VISA

MASTERCARD

Credit Card Number:

Exp. Date:

I authorize Seaborne Airlines to charge the agreed amount listed above to the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Approval Signature:

Print Name:

Code word (to be used for identification purposes)

FOR RESERVATIONS OR TROUBLESHOOTING: reservations@seaborneairlines.com

PHONE: 866-359-8784 or 787-946-7800

SALES OFFICE HOURS

Monday - Friday 8am - 6pm

RESERVATIONS OFFICE HOURS

Monday - Sunday 6am - 7pm

FOR SALES INQUIRIES AND QUESTIONS: sales@seaborneairlines.com

SALES REP: Melanie Fernandez • mfernandez@seaborneairlines.com



FOR OFFICE USE ONLY

Date opened:

Invoice #:

Open by initials:

Type of account: