

DATE: DD MM YY **MUSTIQUE AIRWAYS** NAME:

PHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

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**FIRST TRAVEL SECTOR**

**TYPE OF SERVICE**

Private Charter  Shared Charter

Date of Travel: DD MM YY

Route - From:

To:

Time:

**Int'l Flt No:**

Time:

**RETURN TRAVEL SECTOR**

**TYPE OF SERVICE**

Private Charter  Shared Charter

Date of Travel: DD MM YY

Route - From:

To:

Time:

**Int'l Flt No:**

Time:

**Local Contact:**

**Surnames and initials of Passengers:**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

**Surnames and initials of Passengers:**

- 1.
  - 2.
  - 3.
  - 4.
  - 5.
  - 6.
  - 7.
  - 8.
- 

**PAYMENT BY MAJOR CREDIT CARD**

**Credit cards accepted: VISA  MASTERCARD  AMEX  DISCOVERY**

CARD NUMBER:

EXPIRY DATE:

NAME ON CARD:

**This is to authorize my credit card for travel on Mustique Airways.**

**E-mail: Signature:**

**Or Fax, Signature:**

**Customers preferring to fax this form, please use the following Fax Numbers**

**USA Fax 1-212-202-4087 / Canada 1-416-352-5739 / UK 08 45127 4857**

**All Other Countries please use 1-784-456-4586.**

**All faxes are answered directly by our office in St. Vincent & Grenadines**

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