

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

PHONE NUMBER:

FAX NUMBER:

E-MAIL ADDRESS:

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

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 (44) 207 900 2328

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

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

Mail: P.O. BOX 1232, ST. VINCENT AND THE GRENADINES, WEST INDIES, TEL# 1-784-458-4380
When completed, please save this form to your computer & then fax or email it to Mustique Airways for processing.