TRAVEL ASSESSMENT SURVEY (TAS)

Name:	
Address:	
Email (for great deals and specials)	
Best Daytime Number(s)	
Best Evening Number(s)	
➢ How often do you travel a year?	
a. Once b. Twice c. More tha	n 3 times
When you travel is it for:	
a. Business b. Pleasure c. Bo	oth
Do you book any of your travel onl	ine?
Airplane tickets Rental Cars	yes or no
Hotels/ Condos	yes or no yes or no
Cruises/ Resorts	yes or no
Concerts/ Sporting Tickets	yes or no
Would You Too like to give your F	riends and Family a free vacation?
• Sure, right away!	

- Maybe, in a week or two
- Not now, call me later

When would like to take you next vacation? ____less than 30 days, _____31-90days, ____91days or more

Where would you like to take your next vacation? _____ within U.S., _____ outside U.S., _____ cruise

Do you have a passport? Yes / No

Could you use some additional income per month using the internet? Yes / No

If all your questions are answer satisfactory is there any reason, when we come back that you would not start your travel business part-time? Yes / No

If our travel quote is competitive and convenient is there any reason why you would not do business with us? Yes / No

Do you have a checking Account? Yes / No

Do you have a credit card? Yes / No , _____Visa, ____MC, ____Disc

Name of Travel Agent that referred you:

Follow-Up (Office policy and procedure within 24-48 hours):

Day:	
Date:	
Time:	
Signature	
Today's Date:	
Comments:	