



TLS CLIENT SERVICE PROFILE RECORD

7004 NW Hwy 9
Kansas City, MO 64152
Voice: 816-741-0727 Fax: 816-741-7662

Name of Center: _____

Street Address: _____

City: _____ State: _____

Zip: _____ Main Telephone Number: _____

Persons Authorized to Order Transport Service from TLS

Name and Title: _____

Telephone Number: _____ E-mail: _____

Name and Title: _____

Telephone Number: _____ E-mail: _____

Name and Title: _____

Telephone Number: _____ E-mail: _____

Fax number to where travel itineraries should be sent: _____

Travel Payment Information

Credit Card: American Express Visa MasterCard

Credit Card Number: _____ Expiration Date: _____

Name as it Appears on the Card: _____

Person Completing This Form

Name: _____ Date: _____

E-mail Address: _____

Signature: _____

Please fax this form to TLS: Attention Records Department (816) 741-7662