



TRAVEL
INVESTMENT
ADVISORS

MGA Travel - Professional Fee Service Agreement

Gourmet Systems LLC dba Michael Graham & Associates "MGA Travel"

Please note: Our Online form is a more secure way of submitting this information. [Found HERE.](#)

Thank you for the taking the time to provide this Information. Your completion of this form helps us secure important information needed. This information will be stored and used by MGA Travel on your behalf.

YOUR INFORMATION

Your Full Name: _____ Nickname: _____
Your MGA Agents Name: _____ Date of Birth: _____
Your Email Address: _____
Cell Phone Number: _____ Home Phone Number: _____
Street Address: _____ Martial Status:
City: _____ State: _____ Zip: _____ Single
Married
Global Entry / KTN / Trusted Traveler TSA #: _____
How did you hear about us? _____

SPOUSE CONTACT INFORMATION (If married)

Spouse Full Name: _____ Spouses Nickname: _____
Cell Phone Number: _____ Spouses Date of Birth: _____
Spouses Email Address: _____

Preferred Airport Gateway to fly from : _____ Preferred Flight Seating Arrangement : _____

This form also includes acknowledgement of receipt and acceptance of the Terms and Conditions and all supportive documents, which can be found at the bottom of the mgatravel.com site (see links below). Revision 12/16/2021.

Signature: _____

Date: _____