



Coral Gables Travel Center  
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**Customer Information**  
(Please PRINT clearly)

AAdvantage Number: \_\_\_\_\_

Business ExtrAA Number: \_\_\_\_\_

Seat Preference: Window or Aisle/Forward, Center or Rear

Telephone Contacts: \_\_\_\_\_ - mobile  
\_\_\_\_\_ - office and FAX  
\_\_\_\_\_ - home/alternate

Email: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Passenger's date of birth \_\_\_\_\_

Billing address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_ Exp. Date \_\_\_\_\_

Authorized signature: \_\_\_\_\_

By signing above, I \_\_\_\_\_ (print name) authorize  
American Airlines to charge my above listed credit card account.

**Please include copy of picture identification and credit card (front and back).**

**For all reservations, please include your name as it appears on your passport and your  
date of birth.**

**Thank you for your business!**