

INQUIRY FORM

This service is for customers with hearing and speech disabilities.

We will not reply to any other inquiries made through this form.

Thank you for choosing Peach. Use BLOCK LETTERS when you completing this form. Please submit the Portable Oxygen Concentrator (POC) Check Form by document submission form or fax at least 3 days before departure.

- •Files Submission Form: https://cs.flypeach.com/hc/en-us/articles/4659128875294
- •FAX: +81-50-3737-9665
- ·Live chatting: https://cs.flypeach.com/hc/en-us/articles/4690847343774

Please note the following when using this form

- * operating hours 9:00 18:00 (JST)
- * If you would like to make a new reservation, change or cancel your reservation, please use the dedicated form for each.

	Date of Submissio	n	
1.	Contact Information	on	
	Name		
	E-mail		
	FAX Number		
3.	Reservation Details	s (if any)	
	Booking number:		
	<passenger name<="" th=""><th>></th><th></th></passenger>	>	
	1	2	3
	<itinerary></itinerary>		
	Date	Travel Segment (DEP-ARR)	Flight No.
	/	\rightarrow	ММ
	/	\rightarrow	MM

- * Please DO NOT include credit card information on this form. We may confirm this by phone after reviewing your request.
- * Flight availability, fare, fees and charges are applied on date of fax receipt.



INQUIRY FORM (new booking)

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If you want to make a booking, please note the following:

- * operating hours 9:00 18:00 (JST)
- * Fares and fees will be applied based on the date fax is received.
- * Only Credit Card and Peach Points are accepted as form of payment.

 Due to security reasons, we may confirm this by phone after receiving your request.

 (A substitute is allowable to speak on behalf of contact person below if needed.)
- * Convenience store and ATM payments are only available for booking made via our website.

1. Contact Information (which we reply to)

Name	
E-mail	
FAX Number	

2. Payment *Please choose and circle the method

Credit Card	/ Peach Point
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3. Itinerary

Date (MM/DD)	Travel Segment (DEP-ARR)	Flight No	Departure Time
/	\rightarrow	MM	:
/	\rightarrow	ММ	:
/	\rightarrow	ММ	:
/	\rightarrow	ММ	:

^{*} Please DO NOT include credit card information on this form.

^{*} VISA, MasterCard, JCB and Diners Club are accepted for Japanese Yen payments VISA, MasterCard and JCB are accepted for payments in other currencies.



4. Passenger Information *Name should be same as your passport

	Family name	First name	Title	Date of birth	Pate of birth Passport Information (fo			r overseas travel)	
	Family name	First name	Title	(YYYY/MM/DD)	Passport Number	Issuing country	Nationality	Expiry date (YYYY/MM/DD)	
1									
2									
3									
4									
(5)									
6									

Name of contact person:	Contact email:	Contact Phone number (substitute person allowable)

5. Message

If you want to request fare type and seat selection,	please list below.	

^{*} We will send itinerary to the contact person. Please include a valid email address that can receive emails from Peach "@resmail.flypeach.com"



INQUIRY FORM (change booking)

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If you want to make a booking, please note the following:

- * operating hours 9:00 18:00 (JST)
- * Fares and fees will be applied based on the date fax is received.
- * Only Credit Card and Peach Points are accepted as form of payment. Due to security reasons, we may confirm this by phone after receiving your request. (A substitute is allowable to speak on behalf of contact person below if needed.)

1. Contact Information (which we reply to)

Name	
E-mail	
FAX Number	

2.	Payment *Please choose and c	ircle the	e method	
	Credit Card / Peach	Point		
	* Please DO NOT include credit card i	nformatio	on on this form.	
	* VISA, MasterCard, JCB and Diners (Club are a	accepted for Japanese Yen payı	ments.
	VISA, MasterCard and JCB are acce	pted for	payments in other currencies)	
3.	Reservation Details			
	Booking number			
	<contact bo<="" information="" th="" when=""><th>oking></th><th></th><th></th></contact>	oking>		
	Name of contact person:		Contact email:	
	<passenger information=""></passenger>			
	1	2		3

CC-025-009



<Itinerary>

	Please choose and circle	New departure date (DD/MM) *If you change	New Flight number *If you change
1	Change / NOT change	/ /	MM
2	Change / NOT change	/	ММ
3	Change / NOT change		ММ

4.	Message
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I	f you want to change booking for one of the member or change options, please list below.



INQUIRY FORM (cancel booking)

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- •FAX: +81-50-3737-9665
- ·Live chatting: https://cs.flypeach.com/hc/en-us/articles/4690847343774

If you want to make a booking, please note the following:

- * operating hours 9:00 18:00 (JST)
- * Some fares are non-refundable, so please check the fare rules on our website in advance.

1.	Contact Information	(which	we reply	to))
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٠.		(Willell WC	теріу (.0)	
	Name				
	E-mail				
	FAX Number				
2.	Reservation Details				_
	Booking number				
	<contact informatio<="" th=""><th>n when boo</th><th>king></th><th>></th><th>_</th></contact>	n when boo	king>	>	_
	Name of contact pers	on:		Contact email:	
	<passenger informa<="" th=""><th>ation></th><th></th><th></th><th></th></passenger>	ation>			
	4		(5)		6
	<passenger informa<="" th=""><th>ation></th><th></th><th></th><th>,</th></passenger>	ation>			,

	Please choose and circle	Cancel departure date (DD/MM)	Cancel Flight number	
		*If you cancel	*If you cancel	
1	Cancel / NOT cancel	/	MM	
2	Cancel / NOT cancel	/	MM	
3	Cancel / NOT cancel	/	MM	

Message						
	Message	Message	Message	Message	Message	Message