



AGENCY APPLICATION

Agreement between SkyLink Travel Inc. of 980 Ave. of the Americas, Suite 401, New York, NY 10018 and

Name of Agency: _____

Address of Agency: _____

Owner or President: _____

Phone No.: (____) _____ Fax No. (____) _____

e-Mail address: _____ Phone No.: (____) _____

Contact Person: _____ Title: _____

Additional Agency Information

ARC/IATAN/TRUE/CLIA # _____ TOP Destination: _____

Tax ID #: _____ or Social Security #: _____

Established on: _____ State: _____ Current ownership since: _____

Number of Employees: _____ Type of traffic: Corporate Leisure Both

CRS Systems/PCC: SABRE/____ AMADEUS/____ APOLLO/____ WORLDSPAN/____

Consortium: _____ Host Agency: _____

Financial Information

Bank Name: _____

Bank Address: _____

Bank Contact: _____ Contact Phone: _____

The agency will be placed on "certified check or Cash only" until this form has been processed. The Agency accepts full responsibility for all checks (paper or electronic), credit card payments and for any transactions done by its employees. The Agency also acknowledges that it will procure all relevant documents including, but not limited to, imprint of credit card, signature on a UCCF and compare signatures on the card with the charge form. The Agency further acknowledges and accepts that it will be responsible for any financial loss including merchant charge bank fee incurred due to credit card disputes and charge backs.

Please complete this form and fax it to SkyLink Accounting at: **800-799-1322**

Fagency Manager:	_____	_____	_____
	Name	Signature	Date

Accounting Manager:	_____	_____	_____
	Name	Signature	Date

Agency Owner:	_____	_____	_____
	Name	Signature	Date