

AGENT APPLICATION FORM

Applicant's Name: _____

Trading As: _____

Individual Partnership Ltd Company Sole Trader Other (please specify below)

Address: _____

Contact Phone: _____ Email Address: _____

Company Website: _____

OWNERSHIP

Please list owner/directors name in full, and address.

1. Name: _____ Address: _____

2. Name: _____ Address: _____

3. Name: _____ Address: _____

General Manager: _____

Contact Phone: _____ Email: _____

Sales/Marketing Manager: _____

Contact Phone: _____ Email: _____

Accounts/Administrator: _____

Contact Phone: _____ Email: _____

Payment Method:

Online Prepayment before arrival Invoice

Please indicate which segments your company deal with most:

FIT Cruise Group Functions Schools/Education Sports Group Incentives

Please indicate which countries your company deal with most:

Australia China Japan Korea Europe USA

Other (please specify) _____

Please state your contracted IBO if applicable: _____

Full Name: _____ Signature: _____