

## AGENCY APPLICATION

Agreement between SkyLink Travel Inc. of 1027 Yonge Street, Toronto, Ont. M4W 2K9,  
and

Name of Agency: \_\_\_\_\_  
 Address of agency: \_\_\_\_\_  
 Owner or President: \_\_\_\_\_  
 Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
 E-Mail address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact Person Birth date: MM/DD \_\_\_\_\_

*Additional Information of agency:*

IATA/TIDS #: \_\_\_\_\_ - \_\_\_\_\_ Provincial Registration#: \_\_\_\_\_  
 GST #: \_\_\_\_\_  
 Established in: \_\_\_\_\_ Current ownership since: \_\_\_\_\_  Corporate  Leisure  Both  
 CRS Systems: \_\_\_\_\_ / \_\_\_\_\_ Puesto city code: \_\_\_\_\_ / \_\_\_\_\_ # of Sets: \_\_\_\_\_ / \_\_\_\_\_  
 # of Employees: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_  
 Address/Tel: \_\_\_\_\_  
 Number of years with the above bank \_\_\_\_\_  
 Reference 1/Name: \_\_\_\_\_  
 Telephone#/Address of Reference: \_\_\_\_\_  
 Reference 2/Name: \_\_\_\_\_  
 Telephone#/Address of Reference: \_\_\_\_\_  
 Reference 3/Name: \_\_\_\_\_  
 Telephone#/Address of Reference: \_\_\_\_\_

The Agency will be placed on "certified cheque or Cash only" until this form has been processed  
 The Agency accepts full responsibility for all cheque, 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, signatures 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 back fee incurred due to credit card disputes and charge backs.

Please complete this form and fax it to Skylink Accounting at: **416-922-9518**

|                            |       |           |       |
|----------------------------|-------|-----------|-------|
| Agency Manager:            | _____ | _____     | _____ |
|                            | Name  | Signature | Date  |
| Agency Accounting Manager: | _____ | _____     | _____ |
|                            | Name  | Signature | Date  |
| Agency Owner:              | _____ | _____     | _____ |
|                            | Name  | Signature | Date  |