



THE MARK TRAVEL CORPORATION

Dear Travel Professional,

Thank you for your interest in selling the following products and services:

Air Jamaica Vacations	(800) 622-3009
Funjet Vacations	(800) 558-3060
MGM Mirage Vacations	(800) 343-1162
Midwest Airlines Vacations	(800) 444-4479
Showtime Tours	(702) 895-9976
Southwest Vacations	(800) 775-7105
Spirit Vacations	(800) 617-3325
United Vacations	(800) 699-6122

To process your request, we must receive the completed New Travel Agency Customer Application including tax identification information. The approval process will include verification of the agency profile information in addition to business and financial references. It is very important that this information is accurate or we will be unable to process your application.

Upon approval of this application you will be able to access all of the products listed above. **We will accept your client's credit card, certified check or wire transfer of funds as forms of payment.** The agency will be held liable for all payments applied to a reservation. Additionally, a base commission percentage will be established.

Congratulations on your new business venture. We look forward to working with your agency.

Best Regards,

THE MARK TRAVEL CORPORATION
Travel Agency Administration

NEW CUSTOMER AGENCY APPLICATION

(Please use the arrow keys to navigate through this form.)

Please complete all information requested on this form.

TRAVEL AGENCY INFORMATION

Travel Agency Name:

Address:

City-State-Zip Code:

(Area Code) Phone Number:

(Area Code) Fax Number:

- I hereby consent to receive facsimiles of advertisements and promotions from The Mark Travel Corporation and any of its travel partners _____ Yes _____ No

Agency E-mail address:

Agency's Internet Web Site (URL):

Owner's Name:

Manager's Name:

ARC Accredited Number (8-digit):

***Include copy of your ARC accreditation letter. If you are not ARC approved, please leave blank. ***

Affiliated consortium:

TRAVEL INDUSTRY BACKGROUND

How many months in business?

How many years has the owner been in the Travel Industry?

How many years has the manager been in the Travel Industry?

Does your agency operate on a full time basis?

Is there a dedicated phone line available for your agency?

Are you an independent or outside agent?

Are you a storefront or home-based agency?

If home-based, do you provide public access to your clients? Please explain:

Professional References: (contact person, company name, and phone number)

1.

2.

Financial References: (Bank name and address)

1.

Please list the name of your GDS or booking engine used by your agency:

If you are a SABRE agency, list your pseudo city code number:

***Leave blank if you filled in ARC accredited number. ***

- Who is the owner of this pseudo number (list name and account number of the agency):

You agree to be liable and indemnify us for any and all bookings made, fraudulently or otherwise, using your ARC number or pseudo ARC number whether such bookings are made by you or any of the following including but not limited to outside travel agents, affiliates, employees, independents or consultants.

In no event shall an Agency offer any discounts, rebates, credits or any similar reductions off of any of Mark Travel's products without the approval of The Mark Travel Corporation.

Owner's Signature _____ Date _____

After completing this document, please:

1. Save your document, print, and fax form with owner's signature to: 414-351-2910.
2. Or scan and email this document to Travel Agency Administration: tmtcagcysvcs@marktravel.com.
3. Or mail completed form to: The Mark Travel Corporation, Attn: Travel Agency Administration, PO Box 1460, Milwaukee, WI 53201-1460

CST 2009218-20

Taxpayer Identification and Certification

United States Applicants: In order to comply with Internal Revenue Service requirements for Form W-9 information, we are requesting your federal tax identification number. IRS Code Section 6019, recipients' payments are required to provide federal tax identification numbers to payers. Section 6676 of the Code currently provides for mandatory backup withholding of 31% for failure to give an identification number to a payer.

Canadian Applicants: We do not require a Form W-9 for your company.

