

NEW AGENCY APPLICATION

Dear Travel Professional,

Thank you for your interest in selling the following brands:

| | |
|-----------------------|---------------------|
| Blue Sky Tours | Southwest Vacations |
| Club Med | TNT Vacations |
| Funjet Vacations | United Vacations |
| MGM Resorts Vacations | VAX Hotels |
| Showtime Tours | VAX Published Air |

Before completing this application, please verify that your agency is not already registered with these suppliers through a host agency or consortia. If you are an agent working with a host agency or consortia, work directly with your agency to have your VAX login credentials set up. In creating this account number separate from your host agency, you may not have the same benefits or commission levels.

Please verify that your agency is not already registered with these suppliers before continuing with this application.

To process your request, we must receive the **completed** New Agency Application as well as your tax identification information (IRS W9 form). 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.

In order to approve your account, it is required that your agency has an address within North America and an email address. It will take 24 to 48 business hours for your account to be approved and established in our system. At that time, your agency will be notified via email with the confirmation of account setup.

Upon approval of this application you will be able to sell 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.

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

Best Regards,

Travel Agency Administration

NEW AGENCY APPLICATION

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:

Agency E-mail address:

Agency's Internet Web Site (URL):

Owner's Name:

Manager's Name:

ARC Accredited Number (8-digit)*:

*If you are not ARC approved, please leave blank. You will be assigned a pseudo ARC number to use when booking our products.

Affiliated consortium:

If you are with a host agency, please provide the name:

TRAVEL INDUSTRY BACKGROUND

How long has the agency been in business?

How long has the owner been in the Travel Industry?

How long 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:

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PROFESSIONAL REFERENCES: (CONTACT PERSON, COMPANY NAME, AND PHONE NUMBER)

1. _____
2. _____

FINANCIAL REFERENCE: (BANK NAME AND ADDRESS)

1. _____

AGREEMENT

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 The Mark Travel's products without the approval of The Mark Travel Corporation.

Owner's Signature _____ Date _____

NEW AGENCY APPLICATION

Form W-9 Request for Taxpayer Identification Number and Certification

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.

IMPORTANT:

To complete registration with The Mark Travel Brands please complete the following:

- Completed [W9 form](#)

Contact Information

After completing the New Agency Application and your Form W-9, please:

1. Save your documents, print, and fax forms with owner's signature to: 414-934-2910.
2. Or email these documents to Travel Agency Administration: TravelAgencyAdmin@marktravel.com.
3. Or mail completed forms to: The Mark Travel Corporation

Attn: Travel Agency Administration

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