



This form is to be completed and signed by the travel agency owner or authorized representative only

## TRAVEL AGENCY REGISTRATION

Agency Name	IATA/CLIA/TRUE Number
Mailing Address	
City/Province/Postal Code/Country	
Agency Phone #	
Owner Name	Manager Name
Email Address	Email Address
Consortia	

Please indicate your preferred method for receiving commission payments (select one)

### CHECK

(Applicable to agencies in North America)

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Attention to: \_\_\_\_\_

### EFT(Direct Deposit)

Bank Name \_\_\_\_\_ Type of Account:  Checking  Savings

Bank Address \_\_\_\_\_

Bank Code

\_\_\_\_/\_\_\_\_/\_\_\_\_

Transit Code

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Bank Account Number

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Business Address \_\_\_\_\_

Alternate Email Address (for remittance advice) \_\_\_\_\_

### BANK WIRE

Bank Name \_\_\_\_\_ Type of Account:  Checking  Savings

Bank Address \_\_\_\_\_

Bank Code

\_\_\_\_/\_\_\_\_/\_\_\_\_

Transit Code

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

BIC (or SWIFT) Code

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Bank Account Number

\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Business Address \_\_\_\_\_

Alternate Email Address (for remittance advice) \_\_\_\_\_

Authorized Signature

Date

I hereby request and authorize AmaWaterways, LLC to deposit payment by electronic funds transfer into the account specified above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or my payments may be erroneously transferred elsewhere. This authorization will remain in effect until written notice to terminate is given.

Please fax these items to **(818) 871-9737** or scan and email to [SalesData@AmaWaterways.com](mailto:SalesData@AmaWaterways.com)

- IATA list/CLIA or TRUE certificate
- Completed Travel Agency Registration Form

INTERNAL USE ONLY: Processed by:

Date:

Company Code: