AMAWATERWAYS℠

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/State/Zip/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_____State/Province_____Zip_____Country_____

Attention to:_____

☐ ACH

Bank Name_____Type of Account: ☐ Checking ☐ Savings

Bank Account Number

___/__/___/___/__/___/__/___/___/___/___/__/___/__/___/__/___/___/

9-Digit ABA (routing) Number

___/__/___/___/__/___/__/___/___/

Alternate Email Address (for remittance advice) _____

☐ BANK WIRE

Bank Name_____Type of Account: ☐ Checking ☐ Savings

BIC (or SWIFT) Code

___/__/___/___/__/___/__/___/___/___/___/__/___/__/___/__/___/___/

Bank Account Number

___/__/___/___/__/___/__/___/___/___/___/__/___/__/___/__/___/___/

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

- W-9 form (attached to this form) or feel free to download a form at www.irs.gov/pub/irs-pdf/fw9.pdf
- IATA list/CLIA or TRUE certificate
- Voided/Cancelled Check (for those selecting ACH)
- Completed Travel Agency Registration Form

Click Here to Submit

INTERNAL USE ONLY: Processed by: Date: Company Code: