

AUSTRALIAN AGENTS APPLICATION FOR 'EXPLORE WHITSUNDAYS'

AUSTRALIAN TALL SHIPS | SOUTHERN CROSS SAILING | PROSAIL | PRIMA SAILING | WHITSUNDAY BULLET
 ATLANTIC CLIPPER | WHITSUNDAY CATAMARANS | TORNADO DIVE (Hereafter referred to as 'The Operator')
 Please print this form, complete, sign and return via fax to +61 7 4946 6133 or email: sales@explorewhitsundays.com

1. Trading Name:			
Primary Contact		Email	
Accounts Contact		Email	
Business Address		City & PostCode	
Ph:		Fax:	

Travel Agent Licence #		Licencing Authority	
------------------------	--	---------------------	--

Business Category	Sole Trader		Partnership		Pty Ltd Company	
--------------------------	-------------	--	-------------	--	-----------------	--

2. Market Profile: Please mark 'x' the boxes for the markets that you are involved with:					
Adventure Travel		Business Travel		Group Charters	
Holiday Travel		General Sightseeing		Students	
Individuals		Special Interest		Backpackers	

3. Tell us about your travel industry experience / history / clients:

The following questions assist us with establishing trading terms.

4. How many Retail Shops does your business operate	
5. Is your business Web Based only	Y/N
6. Do you produce a Brochure which will feature our product/s	Y/N
7. Are you going to take full payment for services	Y/N
8. Are you willing to pay for services prior to travel	Y/N

Page 2 of 3 - AUSTRALIAN AGENTS APPLICATION FOR 'EXPLORE WHITSUNDAYS'

9. Australian Trade Tourism References (2 required) Name, Address and Phone Number

a. _____

b. _____

10. Password and Login Identification for On-line Bookings by Branches setup on one Account.

BRANCH	ADDRESS	Contact
1		P: e:
2		P: e:
3		P: e:
4		P: e:
5		P: e:

11. BUSINESS PRINCIPALS. Full Names and address of Directors, Owners or Partners.
(only necessary if you are seeking payment on Account with us)

a. _____

b. _____

Page 3 of 3 - AUSTRALIAN AGENTS APPLICATION FOR 'EXPLORE WHITSUNDAYS'

12. AGREEMENT - The applicant hereby agrees that.

- a. If Credit is granted, payment of accounts shall be made 30 days prior to guest travel, unless otherwise agreed in writing.
- b. I/We declare that we will represent The Operator products accurately, and will fairly and accurately advertise and portray the products, in-line with the requirements of local laws of advertising authority in the country of advertising.
- c. I/we declare that any images, logo's or sales materials supplied by The Operator, remain the property of The Operator, and we will only use these materials in support of The Operators product. Where images, logo's or materials are to be used for other than support of The Operator's products, permission must be sought in writing with The Operator before use.
- d. I/We accept tour cancellation terms are: from 60 to 30 days before departure, loss of 25% of Ticket Price, 30 to 14 days before departure, 50% of Ticket Price, less than 14 days 100% of Ticket Price.
- e. The Operator requests that Agents recommend to passengers that they have applicable travel insurance to protect against last minute cancellations, medical conditions or loss of valuables.
- f. I / We declare that particulars supplied are true and correct & I / We agree to the conditions set out in this Application.**

A. Name _____ Signature _____

Position _____

Witness Name _____ Signature _____

Dated this _____ day of _____ year _____

B. Name _____ Signature _____

Position _____

Witness _____

Dated this _____ day of _____ year _____

Please Fax : Explore Whitsundays +61 7 4946 6133 or e: sales@explorewhitsundays.com