

**APPLICATION TO ACT AS AGENT FOR 'EXPLORE WHITSUNDAYS'**  
AUSTRALIAN TALL SHIP CRUISES | SOUTHERN CROSS SAILING ADVENTURES | PROSAIL  
WHITSUNDAY MARINE ACADEMY | TORNADO DIVE (Hereafter referred to as 'The Operator')  
Tours and Holidays of the Whitsunday Islands Queensland  
Please print this form out, complete, sign and return via fax to +61(0)7 4946 6133

Trading Name \_\_\_\_\_ Email \_\_\_\_\_

Business Address \_\_\_\_\_ Post Code \_\_\_\_\_

Ph \_\_\_\_\_ Fax \_\_\_\_\_ ABN Business No: \_\_\_\_\_

1. Category of Applicant a. Sole Trader b. Partnership c. Pty Ltd/ Ltd Company Year Est \_\_\_\_

Company trading under a business name (Company) \_\_\_\_\_

Trustee or Nominee Company (Company Name) \_\_\_\_\_

2. Licenced Travel Agent Yes/No \_\_\_\_\_ Licence Number \_\_\_\_\_

3. ITO or Wholesaler Yes/No \_\_\_\_\_ Licence Number \_\_\_\_\_

4a) Market Profile: Please tick the boxes for the markets that you are involved with:

Adventure Travel _____	Business Travel _____	Conventions _____
Domestic Tvl Only _____	General Sightseeing _____	Group Charters _____
Holiday Travel _____	Inclusive Tours _____	Students _____
Individuals _____	Special Interest _____	Backpackers _____

4b) Please estimate how many guests you will book to travel with us each year

Less than 25 \_\_\_\_\_ 25 to 100 \_\_\_\_\_ More than 100 \_\_\_\_\_

4c) Does your business operate Retail Outlets Yes/No \_\_\_\_\_ How Many? \_\_\_\_\_

4d) Do you produce a Brochure which will feature our product/s Yes/No \_\_\_\_\_

**5) Wholesalers & ITOs Only**

5a) Do you produce a confidential rates tariff Yes/No \_\_\_\_\_

5b) Approximately how many Agencies are you likely to wholesale our rates to \_\_\_\_\_

5c) Where do you wholesale to: Please tick next to regions

Domestic \_\_\_\_\_ UK/Europe \_\_\_\_\_ US/Can \_\_\_\_\_ Asia \_\_\_\_\_

6. Do you contribute to the Travel Compensation Fund or similar Yes / No \_\_\_\_\_

7. Do you agree to the Conditions and Terms, as outlined on explorewhitsundays.com dealing with Cancellations, Travel Insurance, Check-in Arrangements and are you willing to make this information available to the customer during the booking process. Yes / No \_\_\_\_\_

8. 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 the Office of Fair Trading or the appropriate advertising authority in the country of advertising. Yes / No \_\_\_\_\_

9. 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 used for other than support of The Operator's products, permission must be sought in writing with The Operator before use. Yes / No \_\_\_\_\_

10. Would you like a Password and Login Identification for On-line Bookings Yes / No \_\_\_\_\_

11. Are you going to take Full Payment for Services Yes / No \_\_\_\_\_ (if NO go to Q14)

12. Are you willing to Pay for Tour Services prior to Guest Travel Yes / No \_\_\_\_\_

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

a. \_\_\_\_\_

b. \_\_\_\_\_

14. BUSINESS PRINCIPALS. Full Names and addresses of all Directors, Owners or Partners

a. \_\_\_\_\_

b. \_\_\_\_\_

**NON LICENCED AGENTS PLEASE GO TO Q16**

15. AGREEMENT - Should credit be extended, the applicant hereby agrees that.

a. Payment of accounts shall be made within 15 days of invoice.

b. In the case of credit discretion, 3% interest shall be paid on all unpaid amounts after the 15th day of the month from date of invoice, & incurring an extra 3% penalty for each extra month.

c. The Applicant indemnifies the Grantor of Credit against any loss incurred due to change of ownership, partnership or address unless written advice of such change is received by the Grantor of Credit prior to the delivery of services.

d. The laws of Queensland will apply to all sales, & agreements between the Applicant & The Operator.

e. Should legal proceedings be instituted by the Grantor of Credit to enforce payment from the Applicant it is agreed the Applicant will reimburse the Grantor of Credit with all costs in obtaining such payment including Collection Agency Commissions, Search Fees and Solicitors costs incurred by or on behalf of The Operator.

f. The Operator may withdraw credit facilities at their discretion without prior notice.

**g. 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 THIS FORM TO : 07 4946 6133 or from overseas to +61 7 4946 6133

## 16. AUSTRALIAN TOUR SALES VALUE

Are your Ticket Sales for Extended Tours less than \$50,000 Gross p/a? Yes / No \_\_\_\_\_

## 17. AUSTRALIAN NON LICENCED TRAVEL AGENTS / TOUR SALES DECLARATION

**I / We declare that particulars supplied in this application are true and correct**

A. Name & Signature \_\_\_\_\_ Position \_\_\_\_\_

Witness Name \_\_\_\_\_

Signature \_\_\_\_\_ Dated \_\_\_\_\_

B. Name & Signature \_\_\_\_\_ Position \_\_\_\_\_

Witness Name \_\_\_\_\_ Signature \_\_\_\_\_

Dated \_\_\_\_\_ **Please Fax to : 07 4946 6133 OVERSEAS 61 7 4946 6133**