

## INTERNATIONAL AGENTS APPLICATION FOR 'EXPLORE WHITSUNDAYS'

AUSTRALIAN TALL SHIP CRUISES | SOUTHERN CROSS SAILING ADVENTURES |  
PROSAIL | WHITSUNDAY MARINE ACADEMY (Hereafter referred to as 'The Operator')  
Tours of the Whitsunday Islands Queensland Australia Since 1985  
Please print this form out, complete, sign and return via fax to +61 7 4946 6133

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

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

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

Ph \_\_\_\_\_ Fax \_\_\_\_\_ 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 \_\_\_\_\_

4.a) 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) Are you working going to work with an Inbound Agent (ITO) for booking Yes/No \_\_\_\_\_

5a) If YES to Q5, which Inbound Agent \_\_\_\_\_

**6) Wholesalers Only**

6a) Do you produce a confidential rates tariff Yes/No \_\_\_\_\_

6b) Approximately how many Agencies are you likely to wholesale our rates to \_\_\_\_\_

6c) Where do you wholesale to: Please tick next to regions

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

7. Do you contribute to the Travel Insurance Fund or similar Yes / No \_\_\_\_\_

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

9. Are you going to take Full Payment for Services Yes / No \_\_\_\_\_ (if NO go to Q11)

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

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

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

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

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

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

\_\_\_\_\_

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

\_\_\_\_\_

13. AGREEMENT - The applicant hereby agrees that.

- a. Payment of accounts shall be made 30 days prior to guest travel.
- 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 our cancellation terms are: from Booking to 13 days before departure, loss of 25% of Ticket Price, 13 days to 72 hours before departure, 50% of Ticket Price, less than 72 hours 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 to : Explore Whitsundays +61 7 4946 6133**