

INTERNATIONAL AGENTS APPLICATION FOR 'EXPLORE WHITSUNDAYS'

AUSTRALIAN TALL SHIP CRUISES | SOUTHERN CROSS SAILING ADVENTURES |
 PROSAIL | WHITSUNDAY CATAMARANS | TORNADO DIVE (Hereafter referred to as 'The Operator')
 Please complete, sign and return via fax to +61 7 4946 6133 or email res@explorewhitsundays.com

1. Trading Name:										
Primary Contact		Email								
Accounts Contact		Email								
Business Address		City & PostCode								
Ph:		Fax:								
Travel Agent Licence #		Licencing Authority								
<table border="1"> <tr> <td>Business Category</td> <td>Sole Trader</td> <td><input type="checkbox"/></td> <td>Partnership</td> <td><input type="checkbox"/></td> <td>Pty Ltd Company</td> <td><input type="checkbox"/></td> </tr> </table>				Business Category	Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Pty Ltd Company	<input type="checkbox"/>
Business Category	Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Pty Ltd Company	<input type="checkbox"/>				
2. Market Profile: Please mark 'x' the boxes for the markets that you are involved with:										
Adventure Travel	<input type="checkbox"/>	Business Travel	<input type="checkbox"/>	Group Charters	<input type="checkbox"/>					
Holiday Travel	<input type="checkbox"/>	General Sightseeing	<input type="checkbox"/>	Students	<input type="checkbox"/>					
Individuals	<input type="checkbox"/>	Special Interest	<input type="checkbox"/>	Backpackers	<input type="checkbox"/>					

The following questions assist us with establishing trading terms.

3. Are you an Inbound Tour Operator or Wholesaler	
4. Do you have Retail Outlets – if Yes, How Many	Y/N #
5. Do you print a Brochure which will feature our product/s	Y/N
6. Do you distribute rate tariffs for tour services to 3 rd parties	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
9. Are you predominantly an Internet Based Agency	Y/N

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

a. _____

b. _____

11. If Required, Password and Login Identification for On-line Bookings by Branches

BRANCH	ADDRESS	Contact
		P: F: e:
		P: F: e:
		P: F: e:
		P: F: e:
		P: F: e:
		P: F: e:
		P: F: e:
		P: F: e:
		P: F: e:
		P: F: e:

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

a. _____

b. _____

13. AGREEMENT - The applicant hereby agrees that.

- a. Payment of accounts shall be made 30 days prior to travel, unless otherwise agreed.
- 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 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. Full Travel Terms and Conditions can be found at: <http://www.explorewhitsundays.com/content/conditions-terms>
- e. The Operator requests that Agents ensure passengers have travel insurance to protect against: last minute cancellations; failure to meet departure; medical emergencies; 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