



# AGENCY APPLICATION

Agreement between SkyLink Travel Inc. of 45 Sheppard Ave. East, St 512, Toronto, ON M2N 5W9  
and

Name of Agency: \_\_\_\_\_

Address of agency: \_\_\_\_\_

Owner or President: \_\_\_\_\_

Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person Birth date: MM/DD \_\_\_\_\_

### Additional Information of agency:

IATA/TIDS #: \_\_\_\_\_ - \_\_\_\_\_ Provincial Registration#: \_\_\_\_\_

GST #: \_\_\_\_\_

Established in: \_\_\_\_\_ Current ownership since: \_\_\_\_\_  Corporate  Leisure  Both

CRS Systems: \_\_\_\_\_ / \_\_\_\_\_ Pseudo city code: \_\_\_\_\_ / \_\_\_\_\_ # of Sets: \_\_\_\_\_ / \_\_\_\_\_

# of Employees: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address/Tel: \_\_\_\_\_

Number of years with the above bank \_\_\_\_\_

Reference 1/Name: \_\_\_\_\_

Telephone#/Address of Reference: \_\_\_\_\_

Reference 2/Name: \_\_\_\_\_

Telephone#/Address of Reference: \_\_\_\_\_

Reference 3/Name: \_\_\_\_\_

Telephone#/Address of Reference: \_\_\_\_\_

The Agency will be placed on "certified cheque or Cash only" until this form has been processed  
The Agency accepts full responsibility for all cheque, credit card payments and for any transactions done by its employees. The Agency also acknowledges that it will procure all relevant documents including but not limited to imprint of credit card, signatures on a UCCF and compare signatures on the card with the charge form. The Agency further acknowledges and accepts that it will be responsible for any financial loss including merchant charge back fee incurred due to credit card disputes and charge backs.

Please complete this form and fax it to Skylink Accounting at: (647) 438-8055

Agency Manager:	_____	_____	_____
	Name	Signature	Date

Agency Accounting Manager:	_____	_____	_____
	Name	Signature	Date

Agency Owner:	_____	_____	_____
	Name	Signature	Date