

ITALYCHAUFFEURS

TRAVEL AGENT REGISTRATION

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

We the undersigned, apply to become a Registered Travel Agency

Date:

Signature of the company:

A – Company information

Company name:

Name and position of designated contact in your company:

Address:

.....

Zip code Town State

Country. Web site

 Fax:.....

Country code followed by main numbers

Main e-mail :

B – Professional information

We are predominantly dealing with : Outgoing travel % - Incoming travel %
Please tick as appropriate and fill in percentage

List from 1 to 5, in order of importance, your five main activities:

- | | | | | |
|--|--|--|-----------------------------------|---|
| <input type="checkbox"/> Cruises | <input type="checkbox"/> Domestic tours | <input type="checkbox"/> Coach travel | <input type="checkbox"/> Railways | <input type="checkbox"/> Hotels |
| <input type="checkbox"/> Cultural heritage tours | <input type="checkbox"/> Sports tours | <input type="checkbox"/> Wildlife, safaris | <input type="checkbox"/> Car hire | <input type="checkbox"/> Meetings, congresses |
| <input type="checkbox"/> Charters | <input type="checkbox"/> Other (specify) | | | |

Further details to be given by travel agencies:

Please name associations or organisations of which you are a member and specify year of registration:

.....

Holder of professional licence n° Date of issue:

Is the agency approved by IATA? IATA n° Date

C – Conditions of Payment

Any amounts quoted by our Booking Office are net to Italy Chauffeurs and Bank charges are to be borne by the members.

In case of difficulty kindly contact Italy Chauffeurs secretariat.

✓ **By credit card:** Visa, Mastercard American Express

Holder's name:

Card number (16 digits):

CV2 Number:

(Please insert above the last 3 digits on the back of your card (Visa and Mastercard) or when using AMEX the last 4 digits printed on the front of the card above the account number)

Valid until:/...../.....

Card holder's signature:

✓ **By Bank Transfer:** to be addressed to "Italy Chauffeurs Srl... SWIFT....ABI...CAB....address"

Please complete and send this form by mail to: info@italychauffeurs.com

Important notice: the information provided under B above might be displayed on the Italy Chauffeurs website and membership roster unless otherwise instructed. If you do not want this information to be displayed, please tick this box: