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### AUSTRALIAN AGENTS APPLICATION FOR 'EXPLORE WHITSUNDAYS'

# EXPLORE WHITSUNDAYS (Hereafter referred to as 'The Operator'). Please complete this form, sign and email: sales@explorewhitsundays.com

1. Trading Name:					
Primary			Ema	ail	
Contact			Eme		
Accounts			Ema	ail	
Contact Business			City	8.	
Address			PostCoc		
Ph:			Fa	x:	
	[				
Travel Agent Licence #			Licencin Authori		
Business Category	Sole Trader	Partne	ership	Pty Ltd Comp	any
2. Market Profile:	Please mark 'x' t	the boxes for the	markets that	you are involved with:	
Adventure		Business		Group	
Travel		Travel		Charters	
Holiday Travel		General		Students	
Individuals		Sightseeing Special		Backpackers	
Individuals		Interest		Dackpackers	
3. Tell us about you	ur travel industry		ory / clients:		

#### The following questions assist us with establishing trading terms.

4. How many Retail Shops does your business operate	
5. Is your business primarily Web Based	Y/N
6. Do you produce a Brochure which will feature our product/s	Y/N
7. Are you seeking Full Payment OR Deposit Only terms	
8. For Full Payment sales are you willing to pay prior to travel	Y/N

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

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

10. Password and Login Identification for On-line Bookings by Branches setup on one Account.

BRANCH	ADDRESS	Contact
1		P:
		e:
2		P:
		e:
3		P:
		e:
4		P:
		e:
5		P:
		e:

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

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- 12. AGREEMENT The applicant hereby agrees that.
- a. If Credit is granted, payment of accounts shall be made 30 days prior to guest travel, unless otherwise agreed in writing.
- 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 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 for overnight tours are: 60-30 days before departure, loss of 25% of Ticket Price, 30-14 days before departure, 50% of Ticket Price, less than 14 days 100% of Ticket Price. Day tour: 72-24 hrs 50% of Ticket Price, 24 hrs or less 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	-

Please send to : Explore Whitsundays e: sales@explorewhitsundays.com