



For use by TRINITY Transport ONLY

Travel Agent Registration Form

To receive commission, complete the following.

1. Complete this form
2. Attach a copy of your IATA or CLIA certificate
3. Attach completed W-9 Form or W-8 Form (if outside of US)

Travel Agent

Name _____
 Telephone _____ Fax _____
 E-Mail _____

Travel Agency

ARC/IATA/CLIA No. _____ Phone Number _____
 Agency Name _____
 Street Address _____

 City _____
 State _____ Zip/Postal Code _____
 Country _____

After all required Documentation have been received, please allow 5 (five) business days for processing.

For any inquiries, please call 469-951-7426

Certification

All of the information that I have provided on this form is correct to the best of my knowledge and I am authorized to submit this registration form. I understand that this application is subject to approval. I authorize TRINITY Transport to make any inquiries that it considers appropriate to determine if it should pay commission.

This may include verification of employment.

Signature _____

Date _____