

## Certified Travel Services, Inc. Travel Agent Application

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
City: \_\_\_\_\_ State and ZIP: \_\_\_\_\_  
eMail: \_\_\_\_\_ FAX #: \_\_\_\_\_

### Your Travel Agency Name

Certified Travel

### Information for Business Card and Stationery

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
City: \_\_\_\_\_ State and ZIP: \_\_\_\_\_  
eMail \_\_\_\_\_ FAX #: \_\_\_\_\_

### Payment Information

Form of Payment: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_ Expiration Date (MM/YYYY) \_\_\_\_\_

Card Owner Name as it Appears on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Last 3 digits on Back of Card in Signature Strip: \_\_\_\_\_

**You must attach copy of front and back of Credit Card**

**You must attach copy of valid state drivers license**

Signature of Card Holder: \_\_\_\_\_ Date: \_\_\_\_\_

I apply to become an Independent Associate of Certified Travel Services, Inc. I agree to pay to Certified Travel Services, Inc. a one-time fee of \$495. I understand there is a \$30.00 fee for each air ticket that I book and that one-half of all commissions on travel that I book will be rebated to me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

After completing this form, print Application and Agreement, sign both and mail to:

**Certified Travel Services, Inc., 6401 NW Expressway, Oklahoma City, OK 73132**