



Agency Manager Request for User ID and Password

() I am the Manager/Owner of my agency

Please fill out the form, print, sign and date the bottom and fax to 212-465-3766.

| | |
|--------------------------------|--|
| Agency Name | |
| Title | |
| Travel Agent First Name | |
| Travel Agent Last Name | |
| Business Title | |
| Agency Address 1 | |
| Agency Address 2 | |
| City | |
| State | |
| Postal/Zip | |
| Country | |
| Phone Number | |
| Fax Number | |
| IATA Number | |
| Email address | |

Please fill in the additional information if you are inquiring on a specific guest.

I'm Checking on the status of a commission on the following guest:

(These fields are required fields to have an email sent to you)

| | |
|---------------------------------|--|
| Guest First Name | |
| Guest Last Name | |
| Hotel | |
| Check in date – MM DD YY | |

I am authorized to view complete commission information for this agency.

Print Name _____ Date _____

Signature _____