

Travel Agency Registration Form

Carey International, Inc.
5330 Spectrum Drive
Suite H
Frederick, Maryland 21703
USA
Attn: Travel Agent Sales
FAX: 301-624-5009

For Use By Carey International, Inc.
Only

To receive commissions, please read and complete ALL sections below. Documents 1, 2, and 3 are required. Please send

1. this form with your signature as certification,
2. a copy of your IATA or CLIA certificate, and
3. a completed Form W-9 or Form W-8 from the US IRS

to the address above to receive commissions from Carey International, Inc. You may also include

4. a list of reservations and dates of service in need of commission payment (OPTIONAL)

PLEASE COMPLETE ALL SECTIONS

Date _____

Travel Agent

Name _____

Telephone _____ FAX _____

E-mail _____

Travel Agency

ARC/IATA/CLIA No. _____ Telephone Number _____

Agency Name _____

Street Address _____

City _____

State (if applicable) _____ ZIP/Postal Code _____

Country _____

After ALL required documents have been received, please allow five (5) business days for processing. For any inquiries, please call 800-336-4646, option 4.

FAX COMPLETED DOCUMENTS TO 301-624-5009

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 Carey International, Inc. to make any inquiries that it considers appropriate to determine if it should pay me commissions. This may include verification of employment.

I acknowledge and accept the terms and conditions posted on Carey International, Inc.'s Web site at www.Carey.com/terms.

Signature _____ Date _____