

Registration for Payment of Commissions

This form is to be completed and signed by the travel agency owner or authorized representative only.

Agency Name		IATA/CLIA/TRUE Number
Mailing Address		
City/State/Zip/Country		
Agency Phone Number		
Owner Name		Manager or other Authorized Representative Name
Email Address		Email Address
Consortia		
Please indicate your preferred method for receiving commission payments (select one)		
☐ CHECK Applicable to agencies in North America)	Address	
	City	State/ProvinceZipCountry
	Attention to:	
DIRECT DEPOSIT Applicable to US banks accounts only. Service legins approximately Nov. 18, 2013)	Bank Account Number 9-Digit ABA (routing) Number	Type of Account: Checking Savings
□ BANK WIRE Only applicable to agencies outside North America. Wire fees may apply)	BIC (or SWIFT) Code	Type of Account: Checking Savings
Print Name	Signature	Date

I hereby request and authorize AmaWaterways, LLC to pay commissions according to the information I have provided above. I recognize that if I fail to provide complete and accurate information on this registration form, the processing of the form may be delayed or my payments may be erroneously transferred elsewhere. This authorization will remain in effect until written notice to terminate is given.

Please fax these items to (818) 871-9737 or scan and email to res@AmaWaterways.com

- This completed form
- Completed W-9 form (available at www.irs.gov/pub/irs-pdf/fw9.pdf)
- Cancelled check or deposit slip (for electronic deposit only)
- IATA list/CLIA or TRUE certificate