



King's Travel Inc.

Wholesale Agent Registration Form

Name of Agency: _____

Agency Manager: _____

Street Address: _____

City/State/Zip: _____

Email address: _____

Phone #: _____ Fax #: _____

IATA #: _____ GE Tax #: _____

TAR License #: _____

Type of Business:

- Corporation Partnership
 LLC Sole Proprietorship (SSN: _____)
 Other (Please Specify: _____)

Please list all agents that will have access to our site:

Last Name	First Name	Email address	User Name	Password*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*min. 6 characters including at least 1 number

- PLEASE FILL OUT THIS FORM IN ITS ENTIRETY ALONG WITH:
- Completed and signed form W-9: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
- Travel agency license issued by your state. For Hawaii based travel agencies, information can be found at: <http://www.hawaii.gov/dcca/areas/pvl/programs/travel/>
- General Excise (G.E.) Tax license or other Tax license issued by your State Department of Taxation.

WE WILL NOTIFY YOU OF YOUR STATUS VIA EMAIL. THANK YOU!

SEND ALL COMPLETED DOCUMENTS EITHER BY FAX TO (808) 596-0505 OR EMAIL TO:

SALES@KINGSTRAVEL.COM