INDEPENDENT TRAVEL AGENT APPLICATION AND AGREEMENT

America's Travel Companies

5160 S. Valley View Blvd.
Suite 112
Las Vegas, Nevada 89118
702-597-5035
702-597-5094 FAX

Please Fill Out The Entire Form – Please Print Clearly

APPLICANT INFORMATION

Last Name	First Name	Middle Initial	Social Security Number	DOB

Residence Address (For FedEx Delivery)	City	State	Zip
Mailing Address (If Different)	**City**	**State**	**Zip**

Business Telephone	Home Telephone	Cell	FAX
( )	( )	( )	( )

E-Mail Address

SPONSOR INFORMATION

Last Name (Or Corporate Name)	First Name	Middle Initial	CIty	Telephone
				( )

ENROLLMENT FEE

Applicant Enrollment Fee: $99.00

Shipping Fee: Continental U.S.: $6.00
Alaska/Hawaii: $15.00

__ **Preferred Benefits Program Application Attached**

Applicant Enrollment Fee	$ 99.00
Shipping Fee	$
Total Due	$

INDEPENDENT TRAVEL AGENT ACKNOWLEDGEMENT

By my signature below and my initialing on the reverse side of this Application and Agreement, I acknowledge that I have read all of the terms and conditions listed on both sides of this document. I understand the terms and conditions contained in this Agreement and agree to be bound by them. I acknowledge that America's Travel Companies Policies and Procedures, the PBP Agreement, and Compensation Plan are incorporated into this Agreement by reference. I further acknowledge that I have received a copy of each of these documents and I have read and understand all of the provisions and agree to be bound by the conditions contained therein. I acknowledge that participation in the Preferred Benefits Program is a condition of my active ITA status.

Applicant's Signature _____ Date _____

This agreement may be rescinded by the applicant within three (3) days (72 hours) without penalty.

CREDIT CARD AUTHORIZATION

Payment made by: __ Cashier's Check __ Money Order __ Credit Card*
(Payment to be made to **America's Travel Companies**)

*Please charge my credit card:

__ Visa __ Mastercard
__ American Express __Discover

Credit Card Account Number:

Expiration Date: _____/_____

Attach Photo for Applicant's ID Card HERE

Please print name and Social Security number on reverse side of photo.

THE UNDERSIGNED ("Applicant") hereby requests that Allegre allow Applicant to purchase sales materials and products by use of credit card. Applicant understands that as an accommodation to Applicant, Allegre will allow credit card purchases by Applicant from time to time from Allegre provided that Applicant agrees to the conditions on the reverse side of this Application and Agreement and such terms and conditions promulgated by Allegre. Applicant hereby authorizes Allegre to submit to the card issuer all credit card charges for the PBP Program, sales materials and products ordered by Applicant without the imprint of Applicant's signature for said charges.

Authorized Signature of Credit Card Purchaser _____