



ASSOCIATION OF
PROFESSIONAL
INTERLINE
TRAVEL
AGENCIES

APITA ENROLLMENT FORM

General Information:

Agency Name _____

Address _____

Phone _____ Fax _____ Company Email _____

Contact's Name _____

Address _____

Phone _____ Fax _____ Email _____

Year Established. _____ Region/Market: _____

Products Offered: _____

Percentage of Business Focused on the Interline Industry: _____

Company Structure: Internet Only Call Center Both

Licenses:

IATA _____ CLIA _____ ACTA _____

ASATA _____ ARTA _____ OTHER _____

References:

1.- Company Name _____ Year Relationship Est: _____

Contact Name _____

Phone _____ Fax _____

Email _____

2.- Company Name _____ Year Relationship Est: _____

Contact Name _____

Phone _____ Fax _____

Email _____

3.- Company Name _____ Year Relationship Est: _____

Contact Name _____

Phone _____ Fax _____

Email _____

I acknowledge that I have read and understand APITA's code of ethics, better business practices and By-laws, which I agree to enforce and abide by on behalf of my agency.

Signature _____

Date _____

Please complete this form and return it with copies of your licenses, appointments, registration, proof of bonds and insurance and any other relevant material you feel will be useful to APITA in approving your application. By completing this you agree on behalf of your agency that members of APITA may contact your references and other industry contacts to enquire about your company history.

Note: Completing this application (form) does not guarantee acceptance into APITA.