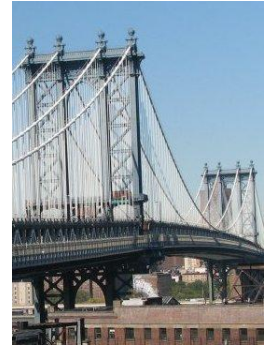




# Travel Agent Registrations Form



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 Chivalry Limousine LLC. You may also include
4. a list of reservations and dates of service in need of commission payment (OPTIONAL)

### Travel Agent

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Travel Agency

ARC/IATA/CLIA No: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

After ALL required documents have been received, please allow three (3) business days for processing. For any inquiries, please call +1-203-502-6652.

**Fax Completed Documents to +1-203-502-6659**

### 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 Chivalry Limousine LLC. 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 Chivalry Limousine LLS's Web site at [www.chivalrylimo.com](http://www.chivalrylimo.com)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CHIVALRY LIMOUSINE LLC.**

1571 W. Broad St. STRATFORD, CT 06615

**OFFICE :** (203) 502-6652 **FAXES :** (203) 502-6659 **NATIONWIDE:** 877 546-6041 **ROAD SHOW :** 866 931-2557