



# AIR CANADA VACATIONS

Dear Travel Partner,

Thank you for contacting Air Canada Vacations. We look forward to providing you and your clients with our quality service and exciting destinations.

Please complete the following “Agency Registration Form”. Your agency information will be processed upon approval. We will be sure to send you our most current brochures once you are registered.

We look forward to working with you.

Please email the completed form to [sales@vacv.com](mailto:sales@vacv.com) and mention that you are interested in selling Go Canada Inbound packages.



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A. Legal Name of Agency: \_\_\_\_\_

Trading Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Web site address: \_\_\_\_\_

Telephone: (    ) \_\_\_\_\_ Fax: (    ) \_\_\_\_\_

Business license: \_\_\_\_\_ (MUST PROVIDE A COPY)

## B. Leisure Link Access

Does your agency require access to Leisure Link? \_\_\_\_\_

Pseudo City Code: \_\_\_\_\_

If yes, which of the following is your agency using?

SABRE / APOLLO / GALILEO / WORLDSPAN / AMEDAUUS / NAVITOURS

## C. Appointed Registration

ARC # \_\_\_\_\_ (Provide a copy of IATA approval)

UFTA Membership # \_\_\_\_\_



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D. *Is your agency a part of a chain or consortium?*      Yes      No  
*If yes, which one?* \_\_\_\_\_

E. *How do you plan to sell our products?*

*Traditional methods ( ) in person / by phone ( )*

*Other* \_\_\_\_\_

F. *Date agency commenced operation:* \_\_\_\_\_

*Was this location used as a travel agency prior to the above dates?*      Yes      No

*If yes, please state the name of the agency:* \_\_\_\_\_

G. *Owner / Partnership / Shareholder: List names and % of the shares.*

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*Manager's name:* \_\_\_\_\_

Please retain your customers signed credit card imprint for future possible disputes.

The agency will be held responsible in the case of non-payment by the cardholder.



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I hereby certify that the statements in this application are true and correct to the best of my knowledge and that I am authorized by the applicant under caption A, to sign and file this application.

Name (print): \_\_\_\_\_

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

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day Month Year

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