



Jamaica Travel Company Limited

“your hotels specialists”

Questionnaire

1. Company Profile:
 - a. Company's legal name:
 - b. Billing address:

 - c. Number of years in business:
 - d. Name and title of the owners or officers of the business:

 - e. Name and title of the key contact person in your office:

 - f. Phone numbers:
 - g. Fax numbers:
 - h. E-mail address:
 - i. Website address:
 - j. IATA/ARC number:
 - k. Number of passengers booked per year and destinations:

 - l. Reservations booking engine currently used:
 - m. Current suppliers (receptive, hotels, airlines, cruises, etc):

 - n. Associations and organizations affiliations: JATA, ASTA, etc:

2. Invoicing:
 - a. To whom should the invoices be addressed?:
 - b. Phone number:
 - c. Fax number:
 - d. E-mail address:
 - e. Are invoices accepted via e-mail?

3. Payment:

Bank Information / Reference:

 - a. Bank name:
 - b. Bank address:

 - c. Contact person:
 - d. Phone number:
 - e. Fax number:
 - f. Email address:

We require a minimum of USD5,000.00 Letter of Credit or cash deposit. We invoice every Monday, for travel booked in the previous week. Payment is due within 5 days of the invoice date.

If payment is not received on or before the due date, your account will be temporarily deactivated until payment is received.

Please select your Preferred Form of Payment:

- a. Wire Transfer
- b. Cheque / Check
- c. Visa / MasterCard Credit Card

If "C" is selected we will add a 4% surcharge to the total due to us. Kindly provide a clear copy of the front and back of the credit card(s) to be charged along with a letter authorizing GO! Jamaica Travel Company to debit the said card(s) for all reservations made by your company. We also require a clear copy of the card holder's passport.

4. Trade References:

Name: _____

Address: _____

Address: _____

Contact Person: _____

Telephone: _____ Fax#: _____

Email: _____

Name: _____

Address: _____

Address: _____

Contact Person: _____

Telephone: _____ Fax #: _____

Email: _____

Name: _____

Address: _____

Address: _____

Contact Person: _____

Telephone: _____ Fax #: _____

Email: _____

I hereby represent that I am authorized to submit this application on behalf of the customer named above and the information provided is for the purpose of obtaining credit and is warranted to be true.

I hereby authorize GO! Jamaica Travel Company Limited to contact the references listed pertaining to my financial responsibility.

Company Authorization

Signature of company owner or officer

Title

Date

Affix your company seal above this area