



RED ARROW TRAVEL AGENCY REGISTRATION

PLEASE PRINT _____

AGENCY NAME _____

IATA# _____

ADDRESS _____

CITY _____ PROVINCE _____

COUNTRY _____ POSTAL CODE _____

PHONE# _____ FAX# _____

EMAIL ADDRESS _____

MAIN CONTACT PERSON _____ NUMBER OF AGENTS _____

PAYMENT MUST BE MADE BY AGENCY OR AGENT CREDIT CARD AT THE TIME OF BOOKING.

10% COMMISSION IS DEDUCTED AT THE TIME OF BOOKING AND PAID ON NON-GST PORTION OF FARE.

PLEASE SEND THE COMPLETED APPLICATION TO:

RED ARROW MOTORCOACH

ATTN: Susan Roberts

#7, 449 Mayor Magrath Dr S, Lethbridge, Alberta T1J 3L8

Email: susan.roberts@redarrow.ca

Our Core Values

Safety | Customer Service | Resourcefulness | Integrity | Positive Attitude | Team Work | Loyalty | Accountability | Respect | Dedication