



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: Mathew James

EMAIL: mathew.james@redarrow.ca or sales@redarrow.ca

FAX: 403-320-0336

Our Core Values

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