

DUMONDE TRAVEL

# Registration Form

**First time buyers please fill out the registration form below and  
fax it to us at 305-379-6845**

Agency Information	
First Name	<input type="text"/>
Last Name	<input type="text"/>
Company	<input type="text"/>
Title	<input type="text"/>
Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Postal Code	<input type="text"/> - <input type="text"/>
Country	<input type="text"/>
Phone	<input type="text"/> - <input type="text"/> - <input type="text"/>
Fax	<input type="text"/> - <input type="text"/> - <input type="text"/>
e-mail	<input type="text"/>

Agent Memberships	
ARC IATA#	<input type="text"/>
CLIA#	<input type="text"/>
ASTA#	<input type="text"/>
Other Organization(s)	<input type="text"/>
CRS	<input type="text"/>

**In addition please provide the following documents:**

\_\_\_\_ Copy of Driver's License

\_\_\_\_ Copy of Social Security (not required)

**Agreement:**

**1. DEFINITIONS.** In this Agreement, "You" and "Your" mean each person who signs an application.

**2. YOUR PROMISE TO US.**

**A.** It is understood and agreed that signing this form guarantees payment for charges elected under your profile for reservations issued by Dumonde Travel. It is also understood and agreed that full payment must be made for all transactions. As an independent agent **you** are responsible for all charges of services provided to your clients.

**B.** You agree to the terms of this Agreement. You promise to do everything this Agreement requires of you.

**C.** If you fail to comply with any of the terms of this Agreement, we may declare all amounts you owe to be immediately due and payable, prohibit further transactions on your Account, cancel your access to the reservation system, and revoke any privileges associated with Dumonde Travel.

**D.** If collection/legal action becomes necessary, you are responsible for all collections const, attorney fees, court costs etc. whether or not suit is filed.

Please sign below if you read, understood and agree to all rules and procedures noted above.

I \_\_\_\_\_, personally guarantee that I understand the  
(PRINT NAME)  
agreement as it is stated above.

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

Approved By: Daniel Freitas

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

Title: Dumonde Travel Corporate Director

**Headquarters:**

168 SE 1<sup>st</sup> Street #700, Miami, Florida, 33131  
Voice: 1877-231-5583 -786-299-5505-Fax: 305-379-6845  
E-mail: [corp@traveldm.com](mailto:corp@traveldm.com)