



## CONSOLIDATION CLIENT INFORMATION FORM

NAME OF COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

STRUCTURE (SOLE PROPRIETORSHIP, PARTNERSHIP, OR INCORPORATED) \_\_\_\_\_

CONTACT NAME (INDIVIDUAL RESPONSIBLE FOR PAYMENT ON THE ACCOUNT):

\_\_\_\_\_ TITLE: \_\_\_\_\_

TELEPHONE #: (     ) \_\_\_\_\_ FAX: (     ) \_\_\_\_\_

NUMBER OF YEARS TRADING UNDER THE ABOVE NAME: \_\_\_\_\_

FEDERAL EMPLOYER/TAX I.D. NUMBER: \_\_\_\_\_

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### REFERENCES

BANK NAME: \_\_\_\_\_

CONTACT: \_\_\_\_\_

BANK PHONE NUMBER: (     ) \_\_\_\_\_

ACCOUNT NUMBER (NOT REQUIRED TO ESTABLISH TRADING VIA CASH PAYMENT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

STATE IF YOU ARE A MEMBER OF ARC OR IATAN OR ANY OTHER TRADE ASSOCIATION AND GIVE YOUR MEMBERSHIP NUMBER: \_\_\_\_\_

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PROVIDE AT LEAST TWO TRADE REFERENCES (INCLUDE ADDRESS AND PHONE NUMBER) THAT HAVE DEALT WITH THE COMPANY LISTED ABOVE FOR AT LEAST SIX MONTHS.

TRADE REFERENCE 1 (OTHER THAN AIRLINES)

TRADE REFERENCE 2 (OTHER THAN AIRLINES)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE # (     ) \_\_\_\_\_

PHONE # (     ) \_\_\_\_\_

LIST EMPLOYEES AUTHORIZED TO MAKE RESERVATIONS, ORDER TICKETS, MAKE ACCOUNTING QUERIES, ETC.:

\_\_\_\_\_  
\_\_\_\_\_

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**TERMS AND CONDITIONS:**

NO TICKETS SHALL BE RELEASED WITHOUT FULL PAYMENT RECEIVED BY GREAVES TRAVEL L.L.C. ALL NEW CLIENTS WILL PAY BY CASH OR CASHIERS CHECK.

IT IS THE CLIENTS RESPONSIBILITY TO OBTAIN A RECEIPT FOR PAYMENT, ESPECIALLY WHEN PAYING CASH, IN ORDER TO HAVE PROPER DOCUMENTATION OF PAYMENT. IT IS THE CLIENTS RESPONSIBILITY TO OBTAIN A RECEIPT FOR RETURNED TICKETS, IN ORDER TO HAVE PROPER DOCUMENTATION OF THE RETURN.

PAYMENT BY COMPANY CHECK WILL ONLY BE ACCEPTED UPON APPROVED COMPLETE CLIENT INFORMATION FORM AND WHEN CLIENT IS TRANSACTING WITH GREAVES TRAVEL L.L.C. ON A RECURRING AND REGULAR BASIS, AS AGREED BY GREAVES TRAVEL L.L.C. NO POST DATED NOR UNDATED CHECKS WILL BE ACCEPTED. A \$100 SERVICE FEE WILL BE CHARGED FOR ANY CHECKS RETURNED UNPAID OR FOR ANY TICKETS ORDERED BUT NOT COLLECTED, IN ADDITION TO APPLICABLE AIRLINE PENALTIES ASSOCIATED WITH RETURNED TICKETS.

GREAVES TRAVEL L.L.C. IS NOT RESPONSIBLE FOR TICKETS LOST IN THE MAIL.

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**THIS FORM MUST BE FILLED OUT COMPLETELY, SIGNED, AND ACCOMPANIED BY YOUR COMPANY'S LETTERHEAD AND COPY OF VOIDED COMPANY CHECK. INCOMPLETE INFORMATION WILL DELAY PROCESSING.**

I HAVE READ AND AGREE TO THE PAYMENT TERMS AND CONDITIONS LISTED ABOVE. IN ADDITION, I HEREBY GIVE AUTHORIZATION FOR GREAVES TRAVEL L.L.C., TO CONTACT THE REFERENCES PROVIDED ON PAGE ONE.

AUTHORIZED  
SIGNATURE: \_\_\_\_\_

PRINT  
NAME/TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_.

===== **FOR GREAVES TRAVEL L.L.C., USE ONLY** =====

APPROVAL 1: \_\_\_\_\_ APPROVAL 2: \_\_\_\_\_

DATE OPENED: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

FORM OF PAYMENT: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_