



Independent Agent Application

First Name:		Last Name:	
Address:			
City:		State:	Zip:
B. Phone:		H. Phone:	
E-mail:			
Cell Phone:		Fax:	
Social Security #:			
Experience			
Years as a travel agent?		Reservation System?	
Special training you have already?			
Training you will need?			
References			
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	
Previous Employment			
Employer:		Phone:	
Employer:		Phone:	
Employer:		Phone:	

I give Classic World Travel permission to verify my information listed above.

Signature

Date: _____

200 Commerce Drive, Peachtree City, GA 30269
770-487-9529 Office 770-487-9645 Fax

