



Outside Agent Commission Claim Form

Agent Name:				Agent Phone:		
Passenger Information						
First Name	Last Name			Special Occasion	Birth Date	
Client Mailing Information						
Client Name:				H Phone:		
Address:				W Phone:		
City:		State:		Zip:		
E-Mail:						
Booking Information						
Confirmation #				Wspan Locator:		
Deposit Date	Final Date	Booking Date	Travel Date			
Deposit Amount	Final Amount	Full Commission	Agent Commission			
Vendor Information						
Vendor Name:				Phone:		
Address 1:						
City:		State:		Zip:		
Description:						
Insurance Waiver Signed?		Documentation Waiver Signed?				
Form Of Payment?	Cash	Check	Credit Card			
Credit Card #:				Exp Date:		
Funds Distribution Record						
Payment Type	Paid To			Check #	Amount	
Agent Commission						

Please attach signed and validated UCC

Managers Signature _____ Date ____/____/____

200 Commerce Drive
Peachtree City, GA 30269
770-487-9529 800-777-9529 770-487-9645 Fax

