



SUNNY LAND® TOURS

TRAVEL AGENCY FAM-TRIP SIGN-UP FORM

Home based agents qualify incl. OSSN and CLIA

TRIP NAME: _____

DEPARTURE DATE: _____

DESTINATION: _____

AGENCY AFFILIATION: _____

AGENCY NAME: _____

ARC #: _____

IATA #: _____

OTHER: _____

AGENCY ADDRESS: _____

AGENCY PHONE: _____

AGENCY CITY: _____

AGENCY ZIP: _____

AGENCY FAX: _____

AGENT INFORMATION:

NAME INFO AS APPEARS ON PASSPORT

COMPANION INFORMATION:

NAME INFO AS APPEARS ON PASSPORT

FIRST NAME: _____

FIRST NAME: _____

LAST NAME: _____

LAST NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY, ST. ZIP: _____

CITY, ST. ZIP: _____

PHONE: _____

PHONE: _____

AGENT EMAIL: _____

COMPANION EMAIL: _____

PAYMENT INFORMATION

AGENT PAYMENT A:

COMPANION PAYMENT B: (IF DIFFERENT THAN AGENT)

CARD NUMBER: _____

CARD NUMBER: _____

EXP DATE: _____

EXP DATE: _____

NAME ON CARD: _____

NAME ON CARD: _____

OPTIONAL NON REFUNDABLE TRAVEL INSURANCE:

10% OF TOUR COST PER PERSON

ACCEPTED DECLINED

OPTIONAL NON REFUNDABLE TRAVEL INSURANCE:

10% OF TOUR COST PER PERSON

ACCEPTED DECLINED

AMOUNT TO CHARGE: \$ _____

AMOUNT TO CHARGE: \$ _____

FULL NON REFUNDABLE PAYMENT REQUIRED TO REGISTER. IN LIEU OF MY CREDIT CARD IMPRINT, I HEREBY AUTHORIZE SUNNY LAND TOURS, INC. TO CHARGE MY CREDIT CARD. I UNDERSTAND THAT THIS AUTHORIZATION WILL ONLY BE USED FOR THIS SINGLE PURCHASE. I ALSO ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND FULLY AGREED WITH ALL THE TERMS, TOUR FEATURES AND CONDITIONS AS STIPULATED IN THE SUNNY LAND TOURS BROCHURE OR WEBSITE.

SIGNATURE OF CARDHOLDER A _____

DATE _____

SIGNATURE OF CARDHOLDER B _____

DATE _____

SEND COMPLETED SIGNED FORM BY FAX: (877) 897-7839

OR SCAN AND EMAIL TO ACCOUNTS@SUNNYLANDTOURS.COM



21 OLD KINGS ROAD NORTH, SUITE B-212, PALM COAST, FL 32137 TOLL-FREE RESERVATIONS: 1 - 800 - 783 - 7839