



Personalized Services International, LLC Travel Agency Division

TRAVEL REFERRAL PROGRAM APPLICATION

SECTION 1: ORGANIZATION & PROGRAM COORDINATOR INFORMATION

Date

First Name

Last Name

FEIN | Tax ID | Not-for-Profit ID

Social Security Number

Business or Organization Official Name or Future Name

Business Mailing Address

Telephone

E-mail Address

Business FAX

Business Phone Number

What program would you like to join:

Groups of Vacations (GOV) - Social Groups

Non-Profit Fundraising While On Vacation (NPFOV)

Affiliation Association On Vacations (AAOV) - Networking Groups | Associations | Civil
Groups | Clubs | Little Leagues | Boy Scouts

Religious Organization Donation Program (ROD)

Corporate (Businesses & Corporations)

SECTION 2: IRS-1099 REQUIREMENT

IRS-1099 FORM REQUIREMENT: Understanding that you will be given and 1099 for the payments you receive from Personalized Services International, LLC for your Independent Booking Sub-Agent or Home- Based Agent Account.

Agree to
1099

Yes

No

Do you agree to complete the W-9 form within the first 30 days of your account approval

Yes

No

You must complete a W-9 Form and agreed to receiving an IRS -1099 in order to receive your commission payments. The IRS requires us to give you a 1099 if your commission payments are \$600.00 in a tax year; however, we will issue all travel referral partners a 1099 regardless of your commission payment amounts. You must agree to this policy. Also, agree to complete the W-9 form within 30 days receiving your referral account.

SECTION 3: APPLICATION CUSTOMER SIGNATURE AND PERSONAL INFORMATION

Personalized Services International, LLC is not liable for affiliates or associations collecting payments (You WILL NOT collect and payments from customers) via credit cards, debit cards, checks or cash and applying these payments to their customer's travel arrangements. All travelers shall be directed to OUR private labeled website to book their travel or call us direct. If you desire your payments direct deposited in to your bank account complete the Direct Deposit Form.

Complete your billing address if not the same as the business address above:

Emergency point of contact Name: _____

Telephone _____ E-mail address _____

Final Application Signature: _____ Date: _____

By signing this document you agree to all the term and conditions inside this document.

Mailing application: Personalized Services International, LLC, ATTN: Travel Agency Division, 117 East State Street, Suite B, O'Fallon, IL 62269 or FAX to 1-877-774-5177.