



P.O. Box 1546, Kailua, Hawaii 96734 • Ph: 808-261-2637 • Fax: 808-206-7168
info@kailuaguesthouse.com • www.kailuaguesthouse.com

Travel Agent Registration

Date: _____ IATA, SS or Fed Emp ID: _____

Travel Agent Name: _____

Make commission checks payable to: _____

Travel Agency Name: _____

Agency Address: _____

City, State, Zip: _____ Country: _____

Agency Phone: (____) _____ Agent Phone: (____) _____

E-mail: _____

Internet URL: _____

Please sign below to and return this form by fax or mail to confirm your Travel Agent Registration and verify that you have read and agree that your clients will abide by the House Rules.

Signature

Date

CLIENT REGISTRATION:

Client Name(s): _____

Arrival Date: _____ Departure Date: _____

Client Name(s): _____

Arrival Date: _____ Departure Date: _____

Client Name(s): _____

Arrival Date: _____ Departure Date: _____

Client Name(s): _____

Arrival Date: _____ Departure Date: _____

Client Name(s): _____

Arrival Date: _____ Departure Date: _____

Return by fax to 808-206-7168