



Travel Agent Rate Application

Ship & Sail Date

Ship : _____
 Choice of Sailing Date(s) : _____

Type of stateroom requested:

- Interior
- Oceanview Obstructive View
- Oceanview Unobstructive View
- Balcony Balcony Superior
- Aurea Suite Yacht Club

Guest Information

	Adult or Child	Please add insurance	First Name	Last Name
1st	Adult			
2nd	Adult			
3rd	Adult Child			
4th	Adult Child			

Credit Card Information

Type of Credit Card : Amex Visa Mastercard Amount to be charged \$ _____

Credit Card # : _____ Expiration Date : _____

Cardholders name as it appears on Credit Card : _____

Signature of cardholder: **X** _____

Street Address : _____

City : _____ State / Province : _____ Zip / Postal Code : _____

Travel Agency Information

Agency : _____ Phone # : _____

Street Address : _____ Fax # : _____

City : _____ State / Province : _____ Zip / Postal Code : _____

Contact's Name : _____ E-Mail : _____

Date of Request : _____

Please fax this form with a copy of your IATA or CLIA certificate to the attention of the Sales Department at 908.605.2600

(Upon receipt of fax, sales department will contact you and advise confirmation status.)

(Internal Use only)

Reservation Number: _____ Date of Booking: _____