



in collaboration with

**1iMALL.COM**

### Independent Travel Agent Co-Application and Agreement

2904 W Horizon Ridge Parkway  
Suite 100  
Henderson, NV 89052

Please Fill Out The Entire Form and Please Print Clearly

#### CO-APPLICANT INFORMATION (spouse or co-habitant are eligible)

Last Name	First Name	Middle Initial	Social Security Number <small>For Security Reasons Call the Office 702-310-8707</small>	<input type="checkbox"/> I am of Legal Age
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#### PRIMARY APPLICANT INFORMATION

Last name	First Name	Middle Initial	ITA#	<input type="checkbox"/> I am of Legal Age
Company Name (If Applicable)			FIEN	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation
Residence Address (For UPS Delivery)		City	State	Zip
Mailing Address (If Different)		City	State	Zip
Business Telephone	Home Telephone	Fax	E-mail	

#### ENROLLMENT FEE

Co-Applicant Enrollment Fee:	\$40.00	Applicant Enrollment Fee	\$ _____
		Total Due	\$ _____

#### INDEPENDENT TRAVEL AGENT ACKNOWLEDGEMENT

By my signature below and my initialing on the reverse side of this application and agreement, I acknowledge that I have read all of the terms and conditions listed on both sides of this document. I understand the terms and conditions contained in this Agreement and agree to be bound by them. I acknowledge that GT, LLC Policies and Procedures, Letter of Affirmation and Compensation Plan are incorporated into this Agreement by reference. I further acknowledge that I have received a copy of each of these documents and I have read and understand all of the provisions and agree to be bound by the conditions contained therein.

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

This agreement may be rescinded by the applicant within three (3) days (72 hours) without penalty.

#### CREDIT CARD AUTHORIZATION

Payment made by: <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card	*Please charge my credit card:	Attach Photo for Co-Applicant's ID Card Here  Please print name and Social Security Number on reverse Side of photo
(Payment to be made to GT, LLC)	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card Account Number:	Expiration Date:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____/____/____	

THE UNDERSIGNED ("Co-Applicant") hereby requests that GT, LLC allow Co-Applicant to purchase sales and products by use of credit card. Co-Applicant understands that as an accommodation to Co-Applicant, GT, LLC will allow credit card purchases by Applicant and Agreement and such terms and conditions promulgated by GT, LLC. Co-Applicant hereby authorizes GT, LLC to submit to the card issuer all credit card charges for sales materials and products ordered by Co-Applicant without the imprint of Co-Applicant's signature for said charges.

Authorized Signature of Credit Card Purchaser \_\_\_\_\_