



TRAVEL AGENCY TRANSFER FORM

I _____ authorize the transfer of booking # _____
for travel to _____ on the date of _____ to my travel agent.

Travel Agency IATA #: _____

Travel Agency Name: _____

Travel Agency Address: _____

Travel Agency Phone: _____

Travel Agent Name: _____

Signatures from both parties are required to complete the transfer.

Travel Agent Signature:

Client Signature:

Print Travel Agent Name

Print Client Name:

Please fax the completed form to 305-925-9045, attention: Sales Accounting
or email a scanned copy of the completed form to: US.Sales.Accounting@ClubMed.com

Bookings may only be transferred to a Travel Agent within 72 hours of the receipt of the initial deposit.
A completed form is required to complete the transfer. Any incomplete forms will be disregarded.

Internal Use Only:

Process Date: _____

Authorization: _____