

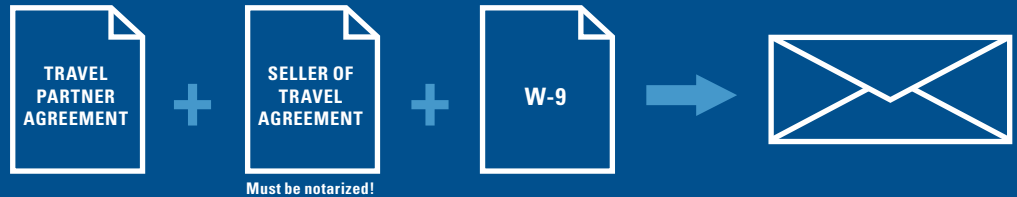
OWNER

TRAVEL PARTNER AGREEMENT

IMPORTANT INSTRUCTIONS

Use the envelope provided and mail:

- This Travel Partner Agreement
- Seller of Travel Agreement
(Must be notarized)
- Completed W-9



Travel Partner Details

First Name: _____ Last Name: _____

Shipping Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

I wish to receive text alerts from Westgate. Msg & data rates may apply.

Email: _____ Fax: _____

Signature: _____

By checking here, I agree that I have read and will comply with the Travel Partner Policies and Procedures. I understand that I have the right to terminate my distributorship in writing at any time with or without reason.

\$99 MEMBERSHIP
INCLUDES

- Florida Seller of Travel License
- Full Call Center Support
- Vacation Brochures
- Special Gift Certificates
- First Night Free Cards (10 pack)
- Bulletin Board Flyers (10 pack)
- Vacation Handouts (10 pack)
- Personalized Website
- Social Media Tools
- Training Videos & Live Training Sessions

