

Travel Smart Plan Commission Protection Request

Classic Vacations
5893 Rue Ferrari
San Jose, California 95138
Telephone: 800-221-3949
Fax 800-242-3403

Agency instructions to request commission protection: This request form should be used for all requests for commission protection. Please complete the "Agency" and "Booking" sections of this form and fax a signed copy to the above fax number attention "Commission Protection".

Commission Price Protection Requirements:

1. Bookings may be cancelled at any time prior to departure.
2. Commission protection requires all passengers 18 years of age and older purchase the Travel Smart Plan at the time of booking.
3. Only bookings paid in full at time of cancellation will be eligible for commission protection.
4. Classic will protect 50% of the eligible travel agent commission up to \$250 per eligible booking.
5. One request form should be submitted for each booking where commission protection is being requested.
6. Commission protection DOES NOT apply to villas, yachts or private jets.
7. Agency may submit a request if qualified sales from the previous year (or current year) are equal to or greater than \$25,000. Agencies with less than \$25,000 in sales are still eligible to receive up to \$100 per eligible booking.
8. Agency may submit additional requests not to exceed 10% of current Sales (either booked or traveled during the current year).
9. Request must be submitted by agency owner or manager AND received by Classic Vacations within 30 days of the date the booking was cancelled.
10. A check will be mailed within 30 days of the verification of the information on this form by Classic Vacations.
11. All requests submitted are subject to verification.
12. Classic Vacations reserves the right to amend or cancel this program at any time or remove participants at its discretion.

AGENCY INFORMATION

Agency Name: _____ Agency ARC # _____ Agency Phone: _____
Agency Mailing Address: _____ Agency Fax Number: _____ Agency e-mail Address: _____
City: _____ State: _____ Zip Code: _____

BOOKING INFORMATION

Booking Number: _____ Party Last Name: _____ Travel Agent Name: _____
Date Booking Cancelled (mm/dd/yyyy format): _____

Reason Booking Cancelled: _____

AGENCY AUTHORIZATION

Travel Agency Owner or Manager Name: _____ Date: (mm/dd/yyyy format): _____

Travel Agency Owner or Manager
Signature: _____

Classic Internal Use:

booking date: _____ paid if full date: _____ cancelled date: _____ TSP for all adults: yes no
original commission amount: _____ 50% of original commission amount (not to exceed \$500): _____
eligible for payment: yes no entered in tracking log: amount to pay: _____ date to TAF: _____
If not eligible, reason: _____ payment approved by: _____
Commission date paid: _____ check # _____ commission paid by: _____

NOTE: please be sure to attach copy of validation report to this form when submitting to Travel Agency Finance for processing – TAF will not process with out proper supporting documentation.