



Travel Agency Change of Information

DETAILS:

- * This form may be used to change ARC#, agency name, address, phone # and fax #.
- * Form must be signed by Agency Owner/Manager.
- * Please allow 48 hours to process request.
- * ARC/CLIA number is required for processing.
- * Please attach a valid CLIA Certificate if **changing** CLIA number.

OLD INFORMATION

ARC/CLIA # (s) _____

Agency Name _____

Address _____

Address _____

Phone Number _____

Fax Number _____

Tax ID #: _____

NEW INFORMATION

ARC/CLIA # (s) _____

Agency Name _____

Address _____

Address _____

Phone Number _____

Fax Number _____

Tax ID #: _____

Comments: _____

Mail To: Classic Vacations
Attn: Sales Support
5893 Rue Ferrari
San Jose, CA 95138

<p align="center">RESERVATIONS 800-221-3949 www.Classicvacations.com/travelagent</p>
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Fax To: 408-882-8452

Agency Owner/Manager Name *(please print)*

E-mail

Agency Owner/Manager Signature

Date

I have read and understand the details. Request will not be processed without authorized signature.