



Prestige Travel Systems

Network Membership Application

Attn: Camille

Name : _____ Date: _____

Partner Name : _____

Address: _____

City: _____ State: _____ Zip: _____

Home Ph.: (_____) _____ Business Ph.: (_____) _____ Cell Ph.: (_____) _____

Fax: (_____) _____ Email Address: _____

Choose ONE of the 3 Membership Levels Listed Below:

Level I Earn 30% of commissions on travel sales \$ 125.00
Includes Travel Agency Start Up Package and Operations Training DVD & Audio CD
PLUS 25 Preferred Customer Cards

Level II Earn 35% of commissions on travel sales \$ 210.00
Includes Level I Travel Agency Start Up Package and Operations Training DVD & Audio CD
PLUS Sales & Marketing Self Study Training Course
PLUS 50 Preferred Customer Cards
Optional: 2 Hour Training Video Sales & Marketing \$ 19.95

Level III Earn 40% of commissions on travel sales \$ 295.00
Includes Level I Travel Agency Start Up Package and Operations Training DVD & Audio CD
PLUS Sales & Marketing and Cruise Reservations Self Study Training Courses
PLUS 75 Preferred Customer Cards
Optional: 2 Hour Training Video Cruise Reservations & Sales \$ 19.95

XTP (Xcelerated Travel Professional) Program See Reversed side for details **XTP One-time payment** \$349.00
Extended Payment Plan Available with XTP Program

Complete reversed side for Extended Payment Plan Agreement **XTP Extended Payment Plan Initial payment** \$149.00

Optional Items:

1. Partner/Spouse Membership (Provides agency registration, booking procedures training materials) \$ 35.00

2. NETAdvantage Program (If Yes, attach NETAdvantage Activation Form) \$ _____

Other _____ \$ _____

Shipping/Handling:
Level I -\$12.00
Level II, III & XTP Program - \$23.00
For orders to Canada, please call
PTS Agent Support at (800)940-8801

SUB TOTAL \$ _____

SHIPPING/HANDLING \$ _____

PROMO CODE _____ - \$ _____

TOTAL ENCLOSED \$ _____

FORM OF PAYMENT: CHECK MONEY ORDER VISA MASTERCARD DISCOVER AMEX

Credit Card #: _____ SCV _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Billings Address: _____

City: _____ State: _____ Zip: _____

Send Membership Application to:

Prestige Travel Systems • 4802 Gunn Highway, Suite 158 • Tampa, FL 33624 • (813)342-8557 • (800)940-8801 • Fax (813)264-5736
SOURCE: TAAH - 5455



PRESTIGE TRAVEL SYSTEMS XTP PROGRAM

The Prestige Travel XTP (Xcelerated Travel Professional) Program is designed for individuals who want to expedite the start up of their travel business. With our XTP Program, you will gain professional, comprehensive training and travel knowledge, and you will be accelerated to earn our highest commission level in the shortest period of time at a reduced price.

The XTP Program includes:

❖ **Our Level I-V Comprehensive Training Package**

- Level I – Basic Operating Procedures Package
- Basic Level II – Travel Reservations Procedures
- Intermediate Level III – Marketing, Sales & Service
- Advanced Level IV – Cruise Reservations & Sales
- Professional Level V - Tours, Destination & Booking

❖ **60% share of commission**

❖ **NetAdvantage Program Activation Fee of \$15.95 is waived** (A monthly fee applies)

- The NetAdvantage and Internet Travel Agency Website programs are designed to put a variety of tools and services right at your fingertips. These programs are optional and can be activated anytime during your membership.

Special price of \$349 plus shipping/handling. If purchased separately the regular price is \$480. That's over 25% off the regular price!

Extended Payment Plan

- Our XTP Program also offers an extended payment plan. You only pay \$172 initial payment (includes shipping/handling) plus 6 additional payments of \$35. (Credit card payments only accepted for the Extended Payment Plan. Please complete form below.)

EXTENDED PAYMENT PLAN AGREEMENT

***** You must provide your credit card if you opt for the Extended Payment Plan.*****

I elect to take advantage of the XTP Extended Payment Plan. I authorize Prestige Travel Systems to deduct an initial charge of \$172.00 (includes shipping/handling) and starting next month to deduct \$35.00 monthly (for 6 months) from my credit card below. _____ (*Please initial*)

Credit Card # _____ SVC _____ Exp Date _____

Name on Card _____ Signature _____

Billing Address _____

City _____ State _____ Zip _____