

ARC MarketPlace: Commission Payment Financial Information Form (For Non-ARC Entity)



This form is required to ensure that you receive payment for commissions earned through ARC MarketPlace®

IMPORTANT:

Do not email this form, fax to 703-816-8195.

Note: If you are an ARC participant and want direct deposit do not use this form. Go to www.arcmarketplace.com/about_com.html for instructions.

Request Date: _____

U.S.-Based Entity
Note: Commission Paid via Direct Deposit Monthly
(Fill out Parts A, B, C & D. Copy of a Voided Check)

OR

Non-U.S.-Based Entity
Note: Commission Paid via Check to company address below
(Fill out Parts A, B, & D)

ARC MarketPlace ID Number: _____
If you do not have an ARC MarketPlace ID, visit http://www.arcmarketplace.com/marketplace_id_reg.jsp

Please Print Clearly. * Required

Part A: Company Information

Company Legal Name _____ Company Email Address* _____
Note: Provide Email address where commission statements will be sent

D.B.A. (Doing Business As)* _____

Company Telephone Number* _____ Company Web Site URL _____

Company Address 1* _____

Company Address 2 _____

City* _____ State/Province* _____ Country* _____ Postal Code* _____

Part B: Contact Information

First Name* _____ Last Name* _____ Agency Target Market (Student Travel, International Travel, etc.) _____

Title _____

Telephone Number* _____

Email Address* _____

Part C: U.S. Bank Account Information for U.S.-Based Entity. Note: You must also fax a copy of a voided check with this form.

Bank Name* _____ Bank Address* _____

Bank Account Number* _____ Federal Tax ID or Social Security Number* _____

Bank Account Routing Number* _____

FAX A COPY OF A VOIDED CHECK WITH THIS FORM

Part D: Signature

Signature: Required to Authorize Payment* _____ Date _____