



Dear Travel Professional,

Thank you very much for your recent request to do business with SeaDream Yacht Club. In order to be able to set up your agency for commission purposes, please submit the following items:

For all Agencies:

- Business cards of the owners and managers
- Agency letterhead showing full street address (no PO Boxes)
- SeaDream's Agency Information form filled in (Page 2)
- Business License (If not required please state so on letterhead)
- Attach current IRS W-9 Form (for US agencies only)

Please forward a photocopy of the following:

For all Non ARC/IATAN Agencies:

- Incorporation letter, if applicable
- Seller of Travel certificate if applicable
- CLIA certification if applicable
- Letter from Consortium if applicable. (The letter must come from the organization, NOT your agency)

For all ARC or IATAN approved agencies:

- Copy of ARC approval letter showing requesting office's address
- Copy of IATAN certificate
- Letter from Consortium if applicable. (The letter must come from the organization, NOT your agency)

Upon receipt of the above, we will set you up in our database. Please forward all documents to info@seadream.com. If you have any questions, you may contact us by email to info@seadream.com or by phone to +1 305 631-6100 (US) or +47 67 79 25 85 (NO).

We look forward to working with you to ensure that your agency's business with SeaDream Yacht Club is a great success.

SeaDream Yacht Club

Miami Tel: (800) 707-4911 or (305) 631-6100 / Oslo Tel: +47 67 79 25 85

www.seadream.com or E-mail: info@seadream.com

[For all contact information click here](#)



Agency Information Form

Agency Name: _____

Address (No PO Box): _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Agency e-mail: _____

Agency Website: _____

Agent Name: _____

Are you home based? Yes No If yes, please provide home-office contact details

Agent Nave (First/Last): _____

Address (No PO Box): _____

City: _____

State/Province: _____

Zip/Postal Code: _____

Country: _____

Phone: _____

Agent e-mail: _____



Would you like access to our Online Reservation System (Seaweb) at www.bookseadream.com

Yes No

If yes, please provide contact information for the agency owner or manager for approval.

Name: _____

Phone: _____

Email: _____

Preferred username (4 to 10 characters): _____

Are you a member of a consortium:

Yes No

If yes, which one: _____