



Prestige Travel Systems

Network Membership Application

Name : _____ Date: _____

Partner Name : _____

Address: _____

City: _____ State: _____ Zip: _____

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

Fax: (_____) _____ Email Address: _____

Choose ONE of the 4 Membership Enrollment Options 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
- 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
- XTP** **Xcelerated Travel Professional Program.** See reverse side for details. *XTP One-time payment* \$ 349.00
Extended Payment Plan Available with XTP Program
Complete reverse side for Extended Payment Plan Agreement *XTP - EPP Initial payment* \$ 149.00

Optional Items:

- 1. Partner/Spouse Membership (Provides agency registration, booking procedures and training materials) \$ 35.00
- 2. NETAdvantage Program (If Yes, complete and attach NETAdvantage Activation Form) YES NO
- 3. 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 \$ _____

TOTAL ENCLOSED \$ _____

Form of Payment:

Check Money Order Visa Mastercard Discover AMEX

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Send Membership Application to:

Source/Referred by: _____

Prestige Travel Systems • 4802 Gunn Hwy., Ste. 158 • Tampa, FL 33624 • (813) 342-8557 • Toll Free: (800) 940-8801 • Fax (813) 264-5736



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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 60% 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 - Sales, Marketing & Service
- Intermediate Level III - Cruise Reservations & Sales
- Advanced Level IV - Tours, Destination & Booking
- Professional Level V - Travel Reservations Procedures

❖ **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)

Visa Mastercard Discover AMEX

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Billing Address: _____

City: _____ State: _____ Zip: _____