Independent Contractor (IC) Application

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Name:	
Home Address:	
City/State/Zip:	
Home Telephone #:	Personal Email:
Work Phone # (other than travel age	ncy): Birth Date:(IATAN Required)
	FEIN #:(If Applicable)
Agency phone:	Agency Fax #:
Pager:	Cell Phone:
E-Mail Address:	Sign-Up Date:
Form of Payment with Applic	cation:
Cash/Check: or Cre	dit Card (Circle Choice). AX Discover Master Charge Visa
#	Exp Date:/ Security Code #
Name listed on Credit Card	\$135 \$235 <u>or</u>
Signature of Cardholder	Write in \$\$ Amount:
ITH Office use only	
Amadeus Office ID:	TRAMS Account # TRAMS SA Code:
Amadeus Reservations User II	D: Password:
Amadeus Sine-in: JJ	Live Sine: JI