USA TRIP



4012 Loma Ave, Rosemead, CA91770 TEL 626-378-7321, 626-379-0205 FAX 626-286-8865

EMAIL: USATRIPINC@GMAIL.COM

新代理商请提供以下信息,我们将尽快为您开通账户,谢谢! New agents please provide the following information, thanks!

公司名称/Name of Company:		
公司地址/Company Address:		
公司电话/Tel:		
公司Email:	Federal ID:	
公司信用卡卡号/Credit Card Number: _		
持卡人姓名/Card Holder:		
信用卡过期时间/Exp Date:		
信用卡背面3位数字/CVV Number:		
信用卡账单地址/Card Billing Address:		
公司负责人姓名:		
负责人签名/Authorized Signature:	日期/Date:	

请将负责人ID、信用卡Copy和此页表格以传真或者电子邮件附件的形式发送给我们,您可在表格上方找到我们的联系方式。在收到您的请求后,我们会尽快与您联系。感谢您选择美途假期,希望能与您合作愉快!

Please fax or email us this form, together with owner's ID and credit card copy. Our contact information is located at the top of this form. After received your form, we will process it as soon as we can. Thank you for choosing USA Trip, hope we can enjoy the cooperation in the future.