

TRAVEL AGENT PORTAL SIGN UP FORM (For Canadian Agencies)

CONTACT INFORMATION	
Name of Agency:	_____
Contact Name:	_____
Telephone Number:	_____
Fax Number:	_____
Contact Email Address:	_____
Mailing Address:	_____
IATA/TIDS#:	_____

BANKING INFORMATION	
Financial Institution Name:	_____
Financial Institution Address:	_____
Transit Number (must be 5 digits):	_____
Bank Account Number:	_____
Email Address (to which Remittance Payment Statements will be sent):	_____

**Please provide a void cheque or deposit slip for accurate information.
Accounts cannot be processed without this document. Commission Payments
will be paid via Electronic Funds Transfer only.**

Completed forms should be sent to:

Harbour Air Ltd
Attn: **Liris Juan**, Sales Coordinator
4760 Inglis Drive, Richmond, BC V7B 1W4
Tel: 604-200-8567
Email: ljuan@harbourair.com