CORPORATE CLIENT MAINTENANCE FORM



Please forward a completed & signed copy to: businessflyer@virginaustralia.com

Maintenance Required (please select one from the following options): ☐ Change of TMC/Corporate Travel Agent ☐ Change from Direct to TMC/Corporate Travel Agent ☐ Additional TMC/Corporate Travel Agent				
If you are exiting another corporate program, please enter the program name:				
CLIENT & BUSINESS DETAILS				
COMPANY/BUSINESS NAME:	Enter Business Name			
ABN or ACN:	Enter the current ABN/ACN			
BUSINESS ADDRESS:	Enter Street Name and Number			
	Enter City			Enter Postcode
KEY CONTACT NAME & POSITION:	Enter First and Surnam	e Po	sition in Company	
KEY CONTACT PHONE & EMAIL:	Enter Phone			
I hereby confirm that I am an authorised enabove information is true and correct. Uns NAME: POSITION:				lient) and that all the
DATE:	Signa	ature:		
TMC DETAILS (NOT REQUIRED FOR DIRECT CODE / ACCOUNT)				
AGENCY NAME:	Enter Agency Name			
ACCOUNT MANAGER NAME:	Enter First and Surname			
ACCOUNT MANAGER PHONE & EMAIL:	Enter Phone Enter Email Address			
AGENCY ADDRESS:	Enter Street Name and Number			
	Enter City			Enter Postcode
EMAIL (FOR NEW CODE ADVICE):	Enter Email Address			
GDS BOOKING CHANNEL				
BOOKING & TICKETING IATA:				
BOOKING & TICKETING PCC(S):				
CURRENT GDS PLATFORM:				

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