



**P. O. Box 025511**  
**Miami, Florida 33102-5511**  
**Phone (800) 327-2056 Fax (305) 539-6014**

Dear Travel Partner,

Thank you for your interest in booking Azamara Club Cruises<sup>SM</sup>, Celebrity Cruises<sup>®</sup> and Royal Caribbean International<sup>®</sup>. This letter outlines our new agency set-up requirements which are necessary to establish your agency in the Royal Caribbean Cruises Ltd. database. These requirements must be fulfilled prior to Royal Caribbean Cruises Ltd. compensating your agency with commission.

- Your agency must provide Royal Caribbean Cruises Ltd. with a copy of one of the following credentials:
  - 1) Business License
  - 2) Business Certificate
  - 3) Articles of Incorporation
  - 4) Airlines Reporting Corporation (ARC) Certificate
  - 5) International Airlines Travel Agent Network (IATAN) Certificate
  - 6) CLIA or TRUE Certificate
- Your agency must provide a sample of agency stationery listing the full name of the agency's owner, agency's address, phone and fax number (s).
- Your agency must complete the attached Substitute Form W-9 (Request for Taxpayer Identification Number and Certification).

The preceding information should be sent via fax to Sales Administration at (305) 539-6014 or e-mail to salesadminsUPPORT@rccl.com. In the interim, until we receive this documentation, we will continue to accept your bookings on a temporary basis. In the event documentation is not forwarded to us in a timely manner, all such temporary bookings will be subject to cancellation without further notice. **Please allow 7 business days to process your paperwork.**

Once again, thank you for your support of Azamara Club Cruises, Celebrity Cruises and Royal Caribbean International and we look forward to our future business relationship.

Sales Administration  
Royal Caribbean Cruises Ltd.

Attachment

**SUBSTITUTE FORM W-9 - (REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION)**

PLEASE COMPLETE THE INFORMATION BELOW AND RETURN TO:

ROYAL CARIBBEAN INTERNATIONAL  
 SALES ADMINISTRATION **Or FAX (305) 539-6014**  
 1050 CARIBBEAN WAY  
 MIAMI, FLORIDA 33132-2096

PLEASE PRINT OR TYPE:

NAME (IF JOINT NAMES, LIST FIRST AND CIRCLE THE NAME OF THE PERSON OR ENTITY WHOSE TIN NUMBER YOU ENTER BELOW)	
BUSINESS NAME	
ADDRESS (NUMBER AND STREET)	
CITY, STATE, AND ZIP CODE	TELEPHONE NUMBER

FILL IN SOCIAL SECURITY # OR EMPLOYER ID NUMBER **(NOT BOTH):**

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER \_\_\_\_\_ - \_\_\_\_\_

ARE YOU EXEMPT FROM BACKUP WITHHOLDING? \_\_\_\_\_ YES \_\_\_\_\_ NO

HOW IS YOUR TIN NUMBER REGISTERED:

SOLE PROPRIETOR \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

NON-PROFIT \_\_\_\_\_

GOVERNMENT AGENCY \_\_\_\_\_

CORPORATION \_\_\_\_\_

REGISTERED IN A FOREIGN COUNTRY \_\_\_\_\_

**OPTIONAL SALES INFORMATION**

CURRENT AFFILIATION _____
Would you like to participate in the Promotional Fax Program _____ YES _____ NO
FAX NUMBER _____
WEB SITE ADDRESS _____
E-MAIL ADDRESS _____

**CERTIFICATION - Under penalties of perjury I certify that:**

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. Certification Instructions-You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest dividends on your tax return.

<b>PLEASE SIGN HERE</b>	SIGNATURE	DATE
-----------------------------	-----------	------

NOTE: IF NO NAME IS CIRCLED WHEN THERE IS MORE THAN ONE NAME, THE NUMBER WILL BE CONSIDERED TO BE THAT OF THE FIRST NAME LISTED.