



Get out there.™



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

Dear Home Based Travel Partner,

Thank you for your interest in booking Celebrity Cruises and Royal Caribbean International. This letter outlines our new agency set-up requirements which are necessary to establish your agency in the Royal Caribbean database. These requirements need be fulfilled prior to Royal Caribbean compensating your agency with commission.

- Local business telephone number which is listed in directory assistance under your agency name. This ensures the accessibility of your agency to the public.
- Provide Royal Caribbean 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, Travel-Sellers or TRUE Certificate
 - 6) CLIA Certificate
- Sample of agency stationery listing the full name of the agency's owner, agency's address, phone and fax number (s).
- Complete the attached Substitute Form W-9 (Request for Taxpayer Identification Number and Certification).

The preceding information can be sent via fax to Sales Administration at (305) 539-6014. We will continue to accept your bookings on a temporary basis until we receive this documentation. 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. Thank you for your interest in our two great brands, we're excited to get started doing business with you!**

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
1050 CARIBBEAN WAY
MIAMI, FLORIDA 33132-2096

Or FAX (305) 539-6014

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.

PLEASE SIGN HERE	SIGNATURE	DATE
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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.