

# Travel Agency Commission Settlement™

GET YOUR MONEY SOONER

Fax a copy to TACS at: +01 703 480 6917  
\*\*\* AND \*\*\*

Mail signed original to:  
DELL SERVICES  
TACS Settlement Center  
13880 Dulles Corner Lane  
Herndon, VA 20171 USA

TACS can pay you CAD electronically and send your statements via email for immediate reconciliation.

If you're interested, please complete and return this page to TACS. TACS requires a signed original.  
All fields are required.

TACS Agency Id: \_\_\_\_\_

This is a Credit Authorization dated \_\_\_\_/\_\_\_\_/20\_\_\_\_  
DD MM YY

Depository Bank Name \_\_\_\_\_ Checking or Savings (circle one)

Depository Bank Address \_\_\_\_\_, \_\_\_\_\_, CA  
city/prov/postal

Institution Number 0 \_\_\_\_\_ Branch Number \_\_\_\_\_ Swift Code \_\_\_\_\_

Account Number \_\_\_\_\_

Account Title / Name \_\_\_\_\_

Account Holder's Full Legal Name \_\_\_\_\_

Business Trading Name / Doing Business As \_\_\_\_\_

Full Business Address \_\_\_\_\_  
\_\_\_\_\_

GST Number \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Business FAX Number \_\_\_\_\_

Email \_\_\_\_\_

Email2 \_\_\_\_\_

Institution Number 4 digits  
beginning with 0.  
Branch Number 5 digits.

FAQ:

1. There is no charge from Dell Services (TACS) for this electronic payment service.
2. This service can be easily turned off (revert to cheque) if you change your mind.
3. Please allow two weeks for this request to be implemented.
4. Emailed statements will come from tacs@dell.com. Please add tacs@dell.com to your "Safe Senders List" and/or trusted sites.
5. If you have any questions, please email them to tacs@dell.com or call +01-703-480-6916.

Excel Data file of payment details - circle Y or N  
TACS to send Delimited Data file of payment details - circle Y or N

I hereby authorize

_____	_____	_____
Signature	Printed Name	Title

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!      Tacs Use Only      !
!      !                  !
!  PU  _____ D _____ !
!      !                  !
!  BE  _____ D _____ !
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! VB/F _____ D _____ !
!      !                  !
!  FF  _____ D _____ !
!      !                  !
! WA/C _____ D _____ !
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\_\_\_\_\_  
Email Address and Phone Number of person signing this form