



NEW ACCOUNT INFORMATION

(Email to contracts@starofhonolulu.com or Fax to 808-983-7780)

Company Name / dba: _____

Office Address: _____

Mail Addr (if different from above): _____

Main Office Ph: _____ Fax Ph: _____

Office Hours of Operation: _____

Website: _____ Company Email: _____

COMPANY OFFICERS:

Name & Title: _____ Ph: _____ Email: _____

Name & Title: _____ Ph: _____ Email: _____

Name & Title: _____ Ph: _____ Email: _____

PRIMARY Sales Contact: _____ Ph: _____ Email: _____

Company Emergency Contact: _____ Ph: _____ Email: _____

State of Hawaii Department of Commerce & Consumer Affairs Registration Number: _____

(State Trust Fund): AD# OR TAR# _____ Expiration: _____

Type of Market: _____

Type of Operation: _____ Wholesale _____ Retail

_____ Land/Ground Operation _____ Transportation

Monthly Pax Average: _____ Annual Pax: _____

Hotel Desk / Lounge Location: Yes No

If Yes, List Locations: _____

Briefing: _____ Consolidated _____ Hotel Desks

T/C (Escorted to pick up location): _____ Yes _____ No

Call Guest Name (If not escorted): _____ Yes _____ No

THIS SECTION FOR STARS OF PARADISE TOURS & ATTRACTIONS USE:

Account Open Date: _____ Pay Code: _____

Assigned Company Code: _____ Group ID: _____

Dept. Routing (Date & Initial):

_____/_____/_____ Accounting _____/_____/_____ Reservations (FIT) _____/_____/_____ Sales

