



New Independent Contractor Agreement

This document represents the understanding of all parties with respect to the described Independent Contractor relationship.

I, _____, acknowledge I have read and fully agree to the terms and conditions set forth in the contract (available for review on the website).

Printed Name

Date

Signature

Executed and approved by (to be completed by a representative of the OAL Travel Network):

Printed Name

Date

Signature

Once signed by a representative of the OAL Travel Network a copy of this document will be returned to you for your records.

Please return this form signed, a completed W-9 and Direct Deposit Enrollment within 7 days of your enrollment to expedite your on-boarding process.

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