



## 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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