

TRADE APPLICATION

Top of the Rock™ Observation Deck New York City

Contact Informa	ation							
Company Name	pany Name			R	our Operator leceptive Opera ravel Agent Other	tor		
What trade affiliat	tions/memb	erships d	o you belong to?					
Contact Name/Tit	tle					-		
Street Address					8.			
City		State		Z	ip Code	Countr	у	
Primary Telephone	Э	Secon	dary Telephone	E	-Mail	Fax		
Please circle your	preferred n	nethod of	contact above.	,				
General Informa	ation							
Do you bring people seasonally, or year-round?				If seasonally, which season(s)?				
What is the average number of people you bring/year?				What is the average size of your groups?				
During what time of day do you generally prefer to visit?				Will there be a guide with your groups?				
Industry Referen	ices							
Industry Reference Job			Job Title	Industry Reference			Job Title	
Street Address	et Address			Street Address				
City	State	Zip	Country	City	State	Zip	Country	
Phone Number			E-Mail	Phone Num	ber		E-Mail	
Length of Acquaintance				Length of Acquaintance				
Financial Refere	ences							
Bank Reference		Conta	ct Name	Bank Reference		Contac	Contact Name	
Street Address	et Address			Street Address				
City	State	Zip	Country	City	State	Zip	Country	
Phone	E-Mail		Acct#	Phone	E-Mail		Acct#	
l hereby authorize the release of financial information related to obtaining a credit line.				I hereby authorize the release of financial information related to obtaining a credit line.				
X				X				
Today's Date		/		Today's Date	e	/	1	

Please complete the application and return it to (212) 332 – 6550.

Domestic trade professionals please include your W-9 form.

International trade professionals please include the appropriate W-8s.

Come and see New York from TOP OF THE ROCK™, the most spectacular views in New York!