CROC'S®
RESORT & CASINO
Jacó Beach - Costa Rica

Travel Agency Name:_____

Travel Agent Name:_____

Agency Industry Number: _____

Commission Statement Due

Date Submitted_____
internal only

Guest Name	Booking Number	Booking Source (Direct, Tour Operator/Other)	Date Booked	Date of Arrival	Date of Departure	Group Name (if applicable	Total Sale	Commission %	Commission Owed