



*I _____, herein known as the "Agent", doing business at:

Address: * _____

City: * _____ State: * _ ZIP Code: * _____

Telephone Number: * _____ Cell Phone: * _____

Authorized Agency Name: * _____

Agency Manager's e-mail: * _____ Agent's email: * _____

Telephone Number: * _____ Fax Number: _____

Business TAX ID * _____ State of registry: * _ or Owner S/S #: * _____

Either Tax ID and state of registry or SS number are mandatory to complete responsibility agreement

Bank Name: * _____

Bank Address: * _____ City: * _____ State: * _ ZIP: * _

Business/Owner Credit Card No: * _____ Expiration Date: * _ CCV: * _

Card Type: Amex MC VS Name on the card: * _____

Card Address is same of Agent

Bank Address: * _____ City: * _____ State: * _ ZIP: * _

I, as representative of my agency, agree to take responsibility for all tickets issued at my or my agency's request and will reimburse Apollo Travel LLC for any unpaid tickets resulting from bounced checks, unsuccessful but authorized direct debits to my or my agency's bank account and for any Airline Debit Memos resulting from any one or several of the following made by my agency or myself:

- Abusive bookings
- Incorrect commission applied
- incorrect or missing tour code
- incorrect or missing endorsement box
- incorrect or missing Ticket designator
- Mistakes in self-ticketing

I authorize Apollo Travel LLC to debit my bank account or charge my credit card of record for any amount due resulting from the actions described above.

I hereby confirm that I am duly authorized to enter into this agreement for and on behalf of The Agency

I have read and understood the terms of this agreement and I agree to these terms

I agree that if I cancel this agreement I will be responsible for any outstanding funds until they paid to Apollo Travel LLC.

Applying Agent's Signature _____ Date Signed: _____

Please mail two copies of this agreement fully completed and signed. A signed copy will be returned to you in confirmation of this agreement.