

*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 Downtown Travel 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 Downtown Travel 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 Downtown Travel.

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.