



## AccessFares Agency Application

To: All AccessFares Agency Applicants

From: AccessFares

Thank you for your application to become an Agency customer of AccessFares. In order to be an approved Agency with AccessFares, you must fill out the following attached forms:

- **Agency Agreement & Letter of Understanding**
- **IRS Form W9**
- **ACH Authorization** (*if you wish to receive commissions/bonuses via direct deposit*)

In accordance with IRS regulation as well as to assist us in issuing 1099 forms each year, we are required to keep records of current Federal Taxpayer identification numbers for all businesses that receive payments from us.

Rest assured, we strictly follow confidentiality laws and will use your information for business transaction purposes only.

To expedite the process, please fill out the “referred by \_\_\_\_” on the form. You can write the name of the person you spoke with or write website, if you discovered us from [accessfares.com](http://accessfares.com). Without this, the application processing may be delayed.

All applicable forms must be signed and returned via fax or email. Upon receiving the completed forms, AccessFares management will initiate an internal approval process. Please e-mail forms to [accounting@accessfares.com](mailto:accounting@accessfares.com)

We are looking forward to working with you in the future.

Sincerely,

AccessFares

<New Agency Application>

## Agency Agreement & Letter of Understanding

Referred by: (name or website) \_\_\_\_\_ Agency Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

ARC# \_\_\_\_\_ IATA# \_\_\_\_\_ CLIA# \_\_\_\_\_ TRUE# \_\_\_\_\_

Owner's Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Top One Market: \_\_\_\_\_ (e.g. Africa, China, Taiwan, Hong Kong, Japan, S. Korea, Philippines, Vietnam, India, Middle East, Latin America, Eastern Europe, South Pacific, USA main stream markets or other – please specify) This AGREEMENT is made on \_\_\_\_\_, 20\_\_ between AccessFares and \_\_\_\_\_ (owner's name).

**In this agreement, the "Agency Owner" agrees to be personally responsible for all financial transactions between the "Agency" and Access to Travel Inc., DBA AccessFares.**

- 1.) Agency fully agrees to pay "AccessFares" payment for all tickets issued under the account set up for your agency.
- 2.) Agency fully agrees to pay "AccessFares" any fees/penalties or debit memos issued by the airlines for any booking/pricing violations or alteration of ticketed PNR's committed by the "Agency" on any record released back to the "Agency" after ticketing.
- 3.) Agency fully agrees to pay "AccessFares" any and all amounts due as a result of a credit cardholder disclaiming charges for ticket/s purchased from "AccessFares" including fees/penalties or debit memos associated with any credit card charge back or fraud issue committed by the passenger/cardholder.
- 4.) Agency fully agrees to pay "AccessFares" any fees/penalties or debit memos issued by the airlines for any "HX" segments not being removed from any reservation re-released back to the "Agency" after ticketing and for any debit memos resulting from a NO SHOW.
- 5.) Agency fully agrees to pay "AccessFares" any commission recall generated by the airlines on refunded tickets processed through AccessFares or the airlines directly.
- 6.) Agency will be fully responsible for advising passengers of any schedule changes or flight cancellations.
- 7.) If Agency fails to pay "AccessFares" any amount when due under this agreement, Agency agrees to pay all costs of collection, including but not limited to all court costs and reasonable attorney fees.

Agency

Owner Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

AccessFares

AccessFares Signature: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE PROVIDE COPY OF DRIVER LICENSE OR OTHER FORM OF GOVERNMENT ISSUED ID.