



**ACCOUNT RESPONSIBILITY AGREEMENT**

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

OWNER: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

ATLAS ACCOUNT CODE: \_\_\_\_\_

Drive License # \_\_\_\_\_ (with copy) Social Security # \_\_\_\_\_ (with copy)

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

**MEMORANDUM OF UNDERSTANDING REGARDING FINANCIAL RESPONSIBILITY**

This AGREEMENT is made on \_\_\_\_\_, 20\_\_\_\_ by and between Atlas Travel Group, headquarters located on

5303 5th Avenue, Brooklyn NY 11220 and \_\_\_\_\_ (Agency), located at \_\_\_\_\_ (Address)

AND the agency owner, \_\_\_\_\_

**In this agreement, the "Agency Owner" agrees to be personally responsible for all financial transactions between the "Agency" and Atlas Travel Group. As such, the "Agency owner" agrees to be responsible for agreed payment terms for the following:**

- 1) Fully pay to "Atlas Travel Group" for all tickets issued by the request "Agency" employees.
- 2) Fully pay to "Atlas Travel Group" for any fees/penalties or debit memos resulting booking violations performed by the "Agency" in their GDS under the subagents control.
- 3) Fully pay any amounts due
- 4) Fully pay to "Atlas Travel Group" for any amounts due as a result of a cardholder disclaiming charges for ticket/s issued by "Atlas Travel Group", including fees/penalties or debit memos associated with any credit card charge back from the "Agency" customer.
- 5) Fully pay to "Atlas Travel Group" for any debit memo's resulting from altering the reservation in any manner that affects the fare on the ticket or violates the fare rule on the ticket without prior approval of ATLAS TRAVEL GROUP.
- 6) Fully pay to "Atlas Travel Group" for any fees/penalties or debit memos resulting from "HX" segments not being removed from a reservation under your control.
- 7) Fully pay to "Atlas Travel Group" for any fees/penalties or debit memos associated with any booking abuse from the airline on a reservation under the subagent's control.

X \_\_\_\_\_ X \_\_\_\_\_

AGENCY \_\_\_\_\_

ATLAS TRAVEL GROUP

LEGAL REP NAME \_\_\_\_\_

NAME. \_\_\_\_\_

DATE. \_\_\_\_\_

DATE: \_\_\_\_\_