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| ***\*Incentive Connection Travel, Inc*** |
| Incentive Connection Travel Building13029 North Cave Creek Rd, Phoenix, Arizona 85022 (602) 867 9606 Fax: (602) 867 9216Members of ARC / IATA / CLIA / ASTA / NACTA E-Mail: harvey@ictravel.com - Web Address: www.ictravel.com  |

#### Sabre 360, TL Airpro Prime and TL Empower Air

**(Application requires a notarized copy of your Drivers License or State ID)**

To ensure the highest standards of our Independent Contractors and to uphold our professional reputation with ARC, IATA, Travel Leaders and our Suppliers, you agree to undergo an application process before gaining access to the GDS. This process includes a comprehensive criminal background check,

credit check and industry reference check for every GDS user, owner, officer, director, partner, member and shareholder of your agency/office. If you have any special circumstances that we should consider when reviewing your application, please feel free to make your comments accordingly in the space provided on this form. If you have any questions regarding this application, please contact Robert Siamon, 602 867 9606 or Robert@ictravel.com.

Any additional GDS user besides the original GDS applicant (i.e., sub-agents, outside, sales agents, employees, owners, partners, shareholders, LLC members, officers, directors, etc) must complete a separate Personal Information Form.

I understand and agree to a monthly charge where applicable.

All service fees must be done in the ICT PCC in the Sabre system, if you are applying for Airpro Prime, please use the Service Fee Request Form on the ICT web site and either fax to 602-867-9216 or email to karen@ictravel.com..

I agree to charge a minimum $20 service fee to my client with each air ticket I run. This is not a fee we charge to the agent. **This is your charge to your client as your profit and will be spit with ICT per your commission percentage. Service fees are subject to a 3% bank fee. If you elect not to charge this fee to your clients, please understand we will need to charge you accounting fees $5/tkt plus $1/segment.**

**I would like to receive:**

 **\_\_\_ Sabre ($25/Month, Free if you make 100 bookings in Sabre for Car, Hotel, Air in a month, Only ICT Commission Contracts may be used and ICT pays 100% of the applicable commission, if you )**

 **\_\_\_\_Travel Leaders Empower Air (No monthly fee with Sabre Subscription, you get All the features of Sabre, Travel Leaders pays 70% of Applicable Commission, Only consortium Contracts may be used through Empower Air. Requires history of ticketing in Sabre for at least 6 months though ICT)**

**\_\_\_ Travel Leaders Airpro Prime (Fill in the Blanks GDS) (For Non-GDS Users, No Monthly Fee, Travel Leaders pays 50% of Applicable Commission, Only consorium Contracts may be used, TL Training on Airpo Required)**

With the signing of this application, I authorize Incentive Connection Travel to charge my credit card each month for the above charges. My initial charge will cover 1st and last months usage. Cancellation can be effected at any time but requires a 30 day advance notice to ICT in writing. Mail, email to karen@ictravel.com or fax to 602 867 9216. You do not have to take Sabre when joining ICT, but at any time you feel you want it.

**Independent Contractor (IC) Information:** Illegible information will be returned**.**

Your Legal Name:

Your Business as (DBA) Name:

Street Address: Suite/Floor:

City: State: Zip:

Telephone: Fax:

Email: Website Address:

Credit Card#

Please explain your travel company’s business model as it relates to the sale or purchase of airline

tickets:

**Independent Contractor (IC) Ownership:**

**IC Entity Type**

If the entity is a corporation or LLC provide the date and a state of incorporation or organization:

Date (*mm/dd/yyyy*): State:

Provide the IRS Employer Identification Number (EIN) or Taxpayer Identification Number (TIN):

**Owners, Officers, Directors, Partners, Members, Shareholders and Users:**

List all individuals that are owners, partners, shareholders, LLC members, officers, directors and

intended GDS users (your employees who intend to use or have access to the GDS) of the applicant.

In the space below provide the full legal name for each individual, their title, and Social Security

Number (SSN).

***Please*** *provide the name and SSN of all those that will be part of your agency and a notarized copy of a Drivers License or State ID for each person*

**Full Legal Name Title SSN by each Individual**

1.

2.

3.

4.

**Background of Applicant and Personnel**

**Affiliations with Travel Agents, Agencies, Host Agencies**

Circle whether the applicant, or any person, or business named in this application has or had an

affiliation or a connection of any kind with any agent, agency, host or entity accredited by ARC, ARP,

ATC, IATA, or IATAN not listed in this application or attachments.

**YES**  **NO**

Circle whether the applicant or any person named in this application has a connection or affiliation

of any kind with an agent, agency, host or entity previously canceled by ARC, ARP, ATC, IATA, or

IATAN.

**YES NO**

Circle whether the applicant or any person named in this application has or had a connection or

affiliation with, or was employed by an agent presently in default under the Agent Reporting

Agreement (ARA).

**YES NO**

If the answer(s) to any of the questions above is **YES**, please identify the agent(s) or entity(ies)

including accreditation number(s), contact name(s), contact phone(s), type of transactions/tickets

purchased or sold, term of relationship, reason(s) for leaving, which system used, and any other

details that may be useful in approving this application. Attach a sheet with the heading: **Affiliations**

**Felonies or Misdemeanors**

Circle whether the applicant or any person named in the application:

Has been convicted of a felony or misdemeanor related to financial activity or pled guilty no contest to a felony or misdemeanor related to financial activity?

**YES NO**

Has been found by a court to have committed a breach of fiduciary duty involving the use of funds of

others?

**YES NO**

Has been arrested or is currently under investigation by federal, state, or local law enforcement

authorities (e.g., police, attorney general’s office, consumer protection agencies, etc.) for any offense

or crime, or any alleged offense or crime in any way related to employment or affiliation with a travel

agency or travel related company?

**YES NO**

If the answer(s) to any of the questions above is **YES**, please provide related details. Please attach explanation with heading: **Felonies or Misdemeanors**.

**Bankruptcy**

Indicate whether any owner, officer, director, partner, member, shareholder, or management

employee named in this application:

Has ever been or is an owner, officer, director, partner, member, shareholder, or management

employee of any business that has ever filed, or been the subject of, a petition in bankruptcy?

**YES NO**

If the answer(s) to any of the questions above is **YES**, please provide related details. Please attach explanation with heading: **Bankruptcy.**

**Certification**

I hereby certify that the statements made in this application and the attachments are true and correct

and that I am authorized by the applicant identified in Part 1 to file this application. I acknowledge and

understand that as part of the evaluation and verification process, ICT may need to verify the

information contained in this application, and I authorize ICT to conduct such investigation to verify

information in this application and also authorize the release to ICT of any documents, such as but not

limited to, lease agreements, credit reports, employment agreements, photographs, in order to verify

information as ICT deems necessary to evaluate this application. I acknowledge and understand that

ICT requires written notice signed by an owner (or officer if the Applicant is a corporation) of the

Applicant to withdraw this Application. If there are any changes to any of the answers or information

provided in this application and/or attachments thereto I will notify ICT in writing immediately. I

expressly acknowledge that any access to the GDS is **at the sole discretion of ICT**, and if this

application is disapproved, I will hold harmless ICT with no recourse whatsoever. I understand that if

this application is approved, I will be bound by the terms of the application and the attachments

thereto. I understand that any debit memos or commission recalls due to incorrect ticketing, fare violations and refunds are the responsibility of the applicant. I have read and agree that my signature binds applicant to the terms of this application, the Independent Contractor Agreement, and the ICT Quick Start Manual.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of owner or corporate officer

Signature of Applicant’s corporate officer is required; if the Applicant is a Limited Liability

Company “LLC”, the signature of the Managing Member of the LCC is required)

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Print or type name of above signatory

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Print or type title of above of signatory Date