

Cosmopolitan Travel Service INC.

22313 Mack Ave. St.Clair Shores MI 48080

TEL: 586-445-8585 FAX: 586-445-6194

AGENCY AGREEMENT & LETTER OF UNDERSTANDING

Agency Name: _____

Agency GDS: Amadeus _____

Agency Office Address: _____

Apollo _____ Sabre _____

City: _____ State: _____ Zip: _____

Worldspan _____

Tel: (_____) _____ Fax: (_____) _____

Email: _____

ARC # _____ IATA # _____ CLIA # _____ TRUE # _____ Date Appointed: _____

Owner's Full Name: _____

CTS Branch Office _____

Home Address: _____

CTS Account Code _____

City: _____ State: _____ Zip: _____

CTS Agent Name _____

Top One Market: _____ (e.g. Africa, China, Taiwan, Hong Kong, Japan, S. Korea, Philippines, Vietnam, India, Africa, Middle East, Latin America, Eastern Europe, South Pacific, USA main stream markets or other – please specify)

This AGREEMENT is made on _____, 20____ between Cosmopolitan Travel Service Inc and _____ (owner's name).

In this agreement, the "Agency Owner" agrees to be personally responsible for all financial transactions between the "Agency" and Cosmopolitan Travel Service Inc.

- 1) Agency fully agrees to pay "Cosmopolitan Travel Service Inc." payment for all tickets issued under the account set up for your agency.
- 2) Agency fully agrees to pay "Cosmopolitan Travel Service Inc." 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 re-released back to the "Agency" after ticketing.
- 3) Agency fully agrees to pay "Cosmopolitan Travel Service Inc." any amounts due as a result of a cardholder disclaiming charges for ticket/s issued by "Cosmopolitan Travel Service Inc." 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 "Cosmopolitan Travel Service Inc." 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 "Cosmopolitan Travel Service Inc." any commission recall generated by the airlines on refunded tickets processed through CTS or the airlines directly.
- 6) Agency will be fully responsible for advising passengers of any schedule changes or flight cancellations.

Owner Signature: _____

CTS Signature: _____

Name Printed: _____

Name Printed: _____

Date: _____

Date: _____

PLEASE PROVIDE COPY OF YOUR BUSINESS LICENSE, AND DRIVER LICENSE.