



Financial Responsibility Agreement

I, (First, Last) _____ as a representative of (Agency Name): _____, agree to assume responsibility for all tickets issued at my or my agency's request and will reimburse Mission Valley Travel, Inc. 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 booking practices including, but not limited to, churning, breaking of married segments, etc.
- Incorrect application of commissions
- Inaccurate or absent tour code
- Incorrect or absent endorsement box
- Incorrect or absent ticket designator
- Mistakes and/or oversight in self ticketing

I, (First, Last) _____ authorize Mission Valley Travel, Inc. to debit the aforementioned bank account, or charge the aforementioned credit card recorded below, for any amount due as a result of the actions above, as well as any intentional misuse or misconduct of services mentioned in this agreement.

Name of Agent (First/Last): _____ Authorized Name of Agency: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Agent's Telephone Number: +__ (____) _____ Agent's Cell Phone: +__ (____) _____

Agent's Email: _____ Agency Managers Email: _____

Agency's Phone Number: +__ (____) _____ Agency's Fax Number: _____

Business TAX ID: _____ State of Registry / or Owner SS #: _____

Either TAX ID and state of registry or social security number are mandatory to complete financial responsibility agreement.

Bank Name: _____ Bank Address: _____

City: _____ State: _____ Zip: _____

Business/ Owner Credit Card No: _____ Expiration Date: _____ CCV: _____

Card Type: Visa ☐ Master Card ☐ Amex ☐ Name on the Card: _____

Card Address is same as Agent: ☐ **If not fill out card address below**

Card Address: _____ City: _____ State: _____ Zip: _____

I hereby confirm that I am duly authorized to enter into this agreement for and behalf of
(Agency Name) _____.

- ☐ I have read and understand the terms of this agreement.
- ☐ I agree, to all of the terms in this agreement.
- ☐ I agree, that if I cancel this agreement that I hold responsibility to assume financial responsibility for any and all outstanding funds until they are paid to Mission Valley Travel, Inc.

Signature: _____ Date: _____

After thoroughly and accurately completing this agreement please mail two copies to Mission Valley Travel, Inc. A signed copy will be returned to you after approval of this agreement.

California Location
1544 Eureka Rd
Suite # 140
Roseville, CA 95661

Montana Location
109 Cooperative Way,
Suite # 110,
Kalispell, MT 59901

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Suite # 140
Roseville, CA 95661

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