

## *Incentive Connection Travel, Inc*

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Incentive Connection Travel Building  
13029 North Cave Creek Rd, Phoenix, Arizona 85022  
(602) 867 9606 Fax: (602) 867 9216

Members of ARC / IATA / CLIA / ASTA / NACTA E-Mail: harvey@ictravel.com - Web Address: www.ictravel.com

### **Sabre Application/Personal Information Form**

To ensure the highest standards in our Independent Contractors and to uphold our professional reputation with ARC, IATA and our Suppliers, you must undergo an application process before gaining access to the GDS. This process includes a criminal background check, credit check and industry reference check for every GDS user, of your agency/office. We will contact you for further clarification if needed. Negative reports will not automatically disqualify you, but if you have any special circumstances that we should consider when reviewing your application, please feel free to make your comments accordingly.

If you have any questions regarding this application, please contact Robert Siamon, 602 867 9606 or [Robert@ictravel.com](mailto: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.

Please place my order for Sabre. I understand and agree to a monthly charge of \$25. (**Free use** if I make 100 bookings in Sabre for Car, Hotel, Air, Cruise, Vacation – Any combination)

All service fees must be done in the Sabre system.

I agree to charge a minimum \$20 service fee to my client with each air ticket I run. **This is your charge to your client as your profit. It is not a fee we charge to you.**

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 1<sup>st</sup> and last months usage. Disconnects require a 2 week advance notice to ICT in writing. Mail or fax to 602 867 9216.

**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:

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:

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.*

<b>Full Legal Name</b>	<b>Title</b>	<b>SSN by each Individual</b>
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- 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 or had a connection or affiliation with, or was employed by an agent presently in default under the Agent Reporting Agreement (ARA).

**YES**            **NO**

### **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**

## 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 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

\_\_\_\_\_  
Print or type name of above signatory

\_\_\_\_\_  
Print or type title of above of signatory Date

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CC \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_

E-Mail (Please Print Clearly) \_\_\_\_\_