



**PERSONALIZED SERVICES
INTERNATIONAL TRAVEL AGENCY**
"If you can Dream It, We can Plan & Book It"

**PERSONALIZED SERVICES INTERNATIONAL, LLC
TRAVEL AGENCY DIVISION**

117 East State Street, Suite B, O'Fallon, Illinois 62269

Website: www.yourfuturetravel.com Or www.PersonalizedServicesInternational.com

E-mail: CS@yourpersonalizedservices.com

Local: (618) 589-9330 | (314) 549-8979

Toll Free: 1-866-774-4077 - Toll Free Fax: 1-877-774-5177

ADDENDUM TO PERSONALIZED SERVICES INTERNATIONAL TRAVEL AGENCY/AGENT APPLICATION

SECTION 5: CREDIT CARD, COMMISSION & WEBSITE AGREEMENTS

Limited Power of Attorney: I am an Independent Booking Agent/Agency (IBA) of Personalized Services International, LLC in the Travel Agency Division. I hereby appoint Personalized Services International, LLC this power of attorney to charge the monthly expenses incurred by my IBA sub-agent during the course of selling travel through Personalized Services International, LLC. Charges may include, but are not limited to: delivery fees, 24 hour reservation service, ticketing fees, GDS monthly fees and terminal server fee, as well as any amounts owed, including invoices or tickets issued on accounts receivable, debit memos incurred as a result of my IBA sub-agent's use of the GDS, and charge backs by my IBA clients. This "Limited Power Of Attorney" shall remain in full force and effect until terminated by me in writing, such termination to be effective only with respect to charges occurring after the time that the written termination is delivered to Personalized Services International, LLC, ATTN: Travel Agency Division, 117 East State Street, Suite B, O'Fallon, IL 62269. I understand that Personalized Services International, LLC will provide detail of such charges on my Commission Payment Report or upon request.

I also understand that the credit card in this application will be charged each year based on my IBA anniversary date for the yearly renewal fee associated with being a Independent Booking Sub-Agent (IBA) with Personalized Services International, LLC and its affiliates. Personalized Services International and its affiliates will automatic charge your credit card on file 30 days prior to the charge date. If we are not able to successfully credit or debit your credit card on file your accounts with our company will be suspended until payment is made. This authorization applies to any of the credit cards you as the IBA chooses to keep on file with Personalized Services International, LLC for any business transactions performed during our joint affiliations.

Independent Booking Sub-Agent: **Your credit card will be charge for your start up fee upon the receipt of your application and it is non-refundable 24 hours after we receive your application & payment! Your credit card will be charged again for your website upon the completion of your background check! If you do not want a private label website please indicate below. Only select one option!**

- 1. I agree to be charged \$100.00 for my private labeled website by the company contracted by Personalized Services International, LLC - Signature:**

_____ **Date:** _____
(Circle One): Yes or No

Note: If you elect to receive a private labeled website you agree to commission split with the company providing the website and Personalized Services International, LLC. I agree to the commission split of 50% of all travel booked on my private labeled website. This is the fee for having this website to increase my business:

Signature: _____ **Date:** _____
(Circle One): Yes or No

**ADDENDUM TO MARVEL TRAVEL APPLICATION COMPLETED ON
FEBRUARY 4, 2013**

SECTION 5: LIABILITY AGREEMENT

**LIABILITY AREA MUST BE SIGNED IN FRONT OF A NOTARY OF YOUR STATE, CITY
OR COUNTY**

Each Independent Booking Agent/Home-Based Agent is considered an Independent Contractor and are responsible for the daily operation of their company, so they are responsible to obtaining the proper local and state business license and errors and omissions insurance to sell travel.

Errors and Omissions Insurance: In order for an IBA or HBA to book travel with Personalized Services International, LLC, they must obtain errors and omissions business insurance. Obtain your own Errors & Omissions Insurance Policy in your name is highly recommended. The purpose of Errors and Omissions Insurance is to protect against lawsuits/losses that occur because of actions/events that are out of your/our control.

Some examples of suits brought against travel agents:

1. Your client misses an important business meeting because of your error. He claims that he lost a large piece of income because he was unable to present his presentation. He brings suit against the agent for lost funds.
2. A client is arrested in a foreign country for carrying a prescription drug. He may sue you for neglecting to inform him that some prescription drugs are illegal in that country.

Some examples of items that would not be considered by Personalized Services International, LLC - Travel Agency Division as Errors and Omissions submissions:

1. Agent errors due to lack of experience or review by an IBA/HBA
2. An IBA/HBA's bad debts
3. Mistakes in tickets or documents, quotes or collections, or client deposits

You must purchase Errors and Omissions Insurance in your company's name if you are going to take payments from clients and have their money deposit into your personal or business accounts. You agree to this upon your signature below.

Manager/Owner/Signature: _____ Date: _____

(Circle One): Yes or No

NOTARY WITNESSED SIGNATURE(S):

I agree, _____ (Print Full

Name) _____ (Print Full Name /Partner/if

none enter N/A)

that I will not take my client's payments via (credit, debit, cash, check) and have those funds deposited

into my business or personal accounts without purchasing errors and omissions insurance in my

company's name. _____ (Signature of

Applicant/Owner/Manager)

If partnership secondary partner's

signature _____

State of _____ (Fill in State) County of _____ This

instrument was signed before me on _____ (Date of Signature)

By _____ (Print name of signer(s))

_____ Notary Signature

Signature _____ Notary

[Complete the following, if not part of notary stamp]

Name _____ Printed

Notary Public for the State of _____

Residing at _____

Affix seal as close to signature as possible My Commission Expires: _____, 20_____