



ACH/Indemnity Form
Casa Travel

Phone: 866-953-2272(CASA) * FAX: 866-933-2272(CASA) * info@casatravel.com

We thank you for your business. Please fill out the below fields as your account will not be approved until ALL documentation has been received and reviewed. We require a copy of a voided check from your business account, owner's ID and a copy of your company credit card (front and back) as credit cards will be archived and utilized if an NSF(s) occurs.

(Hereinafter referred to as "AGENT")

AGENT, and its authorized representatives will, from time to time, request CASA TRAVEL to issue airline ticket(s) for Agent's clients. Such airline ticket(s) may be purchased through the client(s)' credit card.

AGENT, and its authorized representatives, represents, warrants and agrees that:

1. AGENT, and its authorized representatives, will exercise due diligence in verifying the Cardholder's identity and signature, and securing proper authorization from the Cardholder for the transaction.
2. AGENT accepts full responsibility for charge-backs, disputes and other non-payments by the passenger, Cardholder or credit card company. If the credit card company rejects authorization for any reason, AGENT will pay CASA TRAVEL the full amount of the charge-back or dispute.
3. All paid rebates and/or commissions will be returned to CASA TRAVEL before any ticket(s) will be processed for a credit to the Cardholder less applicable fee(s) and penalty(s).

AGENT agrees to indemnify and hold CASA TRAVEL harmless against all claims, damages, losses, costs and expenses (including attorney fees) arising in connection with or relating to any failure or refusal by any Client(s) or Cardholder(s) to pay for any ticket(s) and/or subsequent change/cancel penalty(s) for ticket(s) issued or supplied by CASA TRAVEL on behalf of AGENT.

4. Either Party may cancel agreement with 90 day written notice sent via email or by certified mail.

I hereby authorize Casa Travel, Inc., to initiate an electronic ACH entry to the following checking or savings account for payment of airline tickets associated with my business. I/We acknowledge that these ACH transactions to/from this account must comply with the provisions of U.S law.

(Agency /Business Name)

(Owner Name)

(Email Address)

(Business phone)

(Owner Cell)

(Bank Name/Routing/Account Number)

(Business Address)

(City)

(State)

(ZIP)

(Signature of authorized signatory)

(Title)

(Date)