



Property Account Form (page 1 of 1)

Fax to the **Billing Department** at +1.718.228.5959 or email billing@BookingCenter.com

Questions? Call +1.707.874.3922 or email support@BookingCenter.com

Billing Information

- **Property Name** _____
Telephone (non toll-free) _____ Billing Fax _____
Billing Address - Street _____ Billing Email _____
City/Town _____ State _____ Billing Zip _____ Country _____
- **BookingCenter Site ID** _____
- **Credit Card Info for Simplified Commission Billing(circle one credit card type)**
Visa/MasterCard/American Express/Discover (NOVUS)# _____
Expiration date _____ Signature _____

Commission Plan Information

- I have read and agreed to the commission Terms and Conditions at http://www.BookingCenter.com/terms_conditions.html
 Yes No
- I understand that all bookings generated over my BookingCenter.com online booking system will cost me the following commission and I agree to pay on the monthly cycle as agreed to in the Terms and Conditions:
- Agent: BC (public websites) _____ Agent: BookingCenter Network _____
Agent: BCM (Member's Area) _____ Agent: GDS/Pegasus * _____

* The 4 GDS systems (Galileo, Amadeus, Sabre, WorldSpan), Pegasus, and WorldRes networks require one-time \$250 signup fee. A separate commission from a travel agency *may* be billed directly to you as the property manager and this commission is NOT included in any BookingCenter plan and is the sole responsibility of you, as the owner, to pay.

Commission Payment Agreement (Choose **ONLY 1** from below)

- I agree to use my BookingCenter software to keep my online bookings accurate as to the final booking costs so that BookingCenter can automatically bill payable commissions on the 15th of each month to my credit card on file. Any disputed bookings will occur before the 15th of each month. Yes No
- I agree that BookingCenter will email me an invoice to my Billing Address by the 5th of each month and I will pay all commissionable bookings within 10 days (by the 15th) via check in US dollars (\$). Each invoice will cost an additional US\$5.00 and payments received after 10 days from billing due date will be subject to a 5% late fee. Yes No

I agree to the Plan above I checked as "Yes":

Authorized Signature: _____ Printed Name & Date: _____