BARTER NETWORK

Come Trade on Our Success

TRAVEL REQUEST FORM

company Name						
Fmail Address					Phone #:	
					THORE #.	
		_				
Check In Date:	Check Out Date:		# Of Nig	ghts:	Price Range Per Night:	
	(Check the o	ne that app	lies		
# of Rooms	Room Type(s): Single ☐				Condo Best Available□	
			_			
Credit Card #:					ngs being made on your behalf Exp: CVV: _ Zip Code of Billing Address:	
	our account must be current in c must be completed in full as we		travel throu		ss Network, Inc.	
 All travel requests Reservations are n All taxes, gratuities to the property bo Any contact to the 	must be completed in full as wo non-cancelable and non-refund s, incidental charges are the resp poked. e hotel by the client will forfeit a	ell as signed k able. oonsibility of ny trade payr	travel through by the account the party tra ments, possik	gh Busine nt holder. veling. Th ole cancel	ese charges are payable in cash di lation, and/or penalty to the client	
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Corporate Office: 57 Plains Road, Milford, CT 06460 203.647.0251

www.barternetworkinc.com