



<Broker's Company Name>
 <Broker's Address>
 <Broker's City and State>
 <Broker's phone number and fax number>
www.itex.com

ITEX RESERVATION REQUEST FORM

ITEX forwards travel requests to participating member hotels. We are not a travel agency.

BOOKING INFORMATION

Name of Person Traveling: _____ Ph: _____ Fax: _____

Requested By: _____ Acct Name: _____ Acct#: _____

Destination: _____ City: _____ State/Province: _____ Country: _____

Check-In Date: _____ Check Out Date: _____ #Adults: _____ # Children: _____ Ages: _____

Total Nights: _____ # Rooms: _____ Smoking (circle one) Yes No Late Arrival (circle one) Yes No

Bed configuration: Queen King 2 Double Suite Condo Other (please specify below)

Special Requests: _____

CREDIT CARD INFO (This information is mandatory due to hotel requirements)

Cardholder Name: _____ Signature: _____

VISA MasterCard Discover AMEX Exp. Date: _____ Card #: _____

Please review the above information as some of the following cash charges may be applied to your credit card. Your credit card is given to the hotel as a guarantee.

- **NO CANCELLATION CAN BE MADE ONCE THE RESERVATION IS CONFIRMED**
- All ITEX charges, ITEX dollars & cash are **NON-REFUNDABLE ONCE THE RESERVATION IS CONFIRMED**
- Taxes and incidentals are paid in cash at the hotel.
- Please note that reservation requests that are incomplete cannot be processed.

I have read the above conditions and I authorize this reservation request in my name. I understand and accept any applicable fees and charges that will be assessed to my credit card and my ITEX account. I authorize payment through ITEX as follows: Total ITEX: \$ _____ Total Tax: \$ _____

Signature: _____ Date: _____

(Note: ITEX must have the credit card# and signature to begin the booking process)

RESERVATION CONFIRMED – To be filled out by ITEX only

Property: _____ Ph: _____ Fax: _____

Address: _____ City: _____ State/Province: _____ Country: _____

Rate/Night: \$ _____ Confirmation #: _____ Confirmed by: _____

Total ITEX: \$ _____ Total Tax: \$ _____ Authorization #: _____

Scrip Sent (date): _____ Address Sent to: _____ Sent by: _____