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:_____