



International Barter Exchange, Inc.

Profit Through the Power of Exchange

P.O. Box 1986

Sarasota, FL. 34230-1986

Phone (941) 955-6100 / Fax (941) 955-0151

email: ibe@gte.net www.barter-works.com

Travel Terms & Conditions for Accommodations

By completing this form, you are agreeing to the following terms and conditions: 1) All reservations are NON-CANCELABLE, NON-CHANGEABLE AND NON-REFUNDABLE once this request has been signed. Trade dollars are transferred at the time of confirmation. 2) Any travel reservations made through IBE™ incur a 20% travel fee to cover expenses, which is due at the time of confirmation. (Unless arrangements are made for payment prior to confirmation, your credit card will be billed the 20% fee.) A major credit card is required to begin the booking process. 3) The member is responsible for any taxes, gratuities/service charges and incidentals that may be charged by the individual properties. These above mentioned items are paid in cash, unless otherwise specified and are the responsibilities of the member. Cash cleaning fees may be requested prior to or upon arrival. 4) A two-week advanced notice is required to receive the best service. Any request made with less than 14 days notice is subject to an additional 5% IBE™ travel fee. Restrictions such as black out periods may apply and will vary, all reservations subject to availability. 5) Any reservations placed directly at any hotel or property, without the authorization of IBE™ will be treated as a cash reservation and the charges will be placed on the credit card. 6) Any additional charges applied to IBE™ through any reciprocal will be paid by the member. 7) IBE™ IS NOT A TRAVEL AGENCY, therefore descriptive information is limited.

MEMBER SIGNATURE _____

DATE _____

(Requests for availability will not be honored unless this agreement is signed and sent back by the member.)

COMPANY NAME: _____ IBE™ ACCOUNT NUMBER: _____

PHONE NUMBER: _____ FAX NUMBER: _____

RESERVATION NAME(S): _____

CITY/STATE REQUESTED: _____ PRICE RANGE: _____

HOTEL REQUESTED: 1st CHOICE: _____

2nd CHOICE: _____

3rd CHOICE: _____

CHECK-IN DATE: _____ CHECK-OUT DATE: _____ TOTAL # OF NIGHTS: _____

OF ROOMS # OF ADULTS: # OF CHILDREN: # OF BEDS:

PLEASE CIRCLE: KING QUEEN 2 DOUBLE BEDS / NON-SMOKING SMOKING

SPECIAL INSTRUCTIONS/REQUIREMENTS: _____

CREDIT CARD INFORMATION (REQUIRED): CARDHOLDER NAME: _____

TYPE OF CARD: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CARD NUMBER:

EXP. DATE ____/____