

Claim Form

“ON-LINE ADVANTAGE”
Guaranteed Lowest Available Rate

Date: *(month/day/year)* _____

Confirmation #: _____

First Name: _____

Last Name: _____

City: _____

State: _____

Zip: _____

Your Email Address: _____

Daytime Phone: _____

Evening Phone: _____

Arrival Date: *(month/day/year)* _____

Departure Date: *(month/day/year)* _____

Rate Booked: \$ _____

Lower Rate Found: \$ _____

Website where lower rate was found: _____

Proof Submitted: yes no
(Screenshot)

Comments: _____

Fax Claim Form To: 843-913-5804