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**Travel Request Form**

From:       To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Atlantic Barter 4 Mill Park Ct Suite F Newark, DE 19713 Phone (302) 654-5650 Fax (302) 654-5668

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Guest Name(s):       \_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trade Exchange\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:       \_\_\_ \_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:      \_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Destination:       \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

1st Choice Date of Arrival:       Departure:

2nd Choice Date of Arrival:       Departure:

Total Nights:       Total Rooms:       Total Beds:      \_\_ Size (Bed): \_\_\_\_\_\_\_ #Adults:       # Children:       Ages:       Smoking: [ ]  Yes [ ]  No

Special Requests:

Credit Card Information: Card #:       Expiration Date:

Cvv: \_\_\_\_\_\_\_\_ Billing Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on card:

***I understand that my account must be in good standing to file a travel request with Atlantic Barter. All reservations are non-cancelable and non-refundable once confirmed. There are no exceptions to this policy including no-show, which will be billed to your account. I understand that cash fees may be applicable for taxes and/or cleaning costs, as explained to me by the Atlantic Barter Travel representative.***

***Understanding the above information, I authorize Atlantic Barter to complete this Travel Request.***

Signature of AB Member Date