



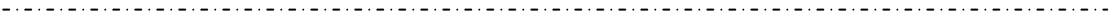
Preferred Partner  
Affiliation Authorization

**The information requested below must be submitted on your letterhead**

1. Insert the information requested – the form is an editable .PDF – you can use your keyboard to complete it online. If you aren't able complete the form online be certain to print clearly.
2. Print a copy and cut the document where indicated.
3. Paste or tape the page on your letterhead
4. Make a copy and sign the completed form - then do one of the following:
  - Scan and email to [membership@vacation-corp.com](mailto:membership@vacation-corp.com)
  - Fax to (703) 740-4259
  - Mail to : Vacation.com, 1650 King St. Suite 450, Alexandria Va. 22314

Thank You.

(CUT HERE)



Dear Preferred Supplier

Effective immediately, we request that **Vacation.com** be listed as my primary travel group affiliation with Vacation.com Preferred Suppliers. I authorize you to remove my agency from the membership list of ANY other consortium, co-op or franchise.

Sincerely,

Signature \_\_\_\_\_

Name/Title \_\_\_\_\_

Date \_\_\_\_\_

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

ARC/CLIA/IATAN/TRUE Number: \_\_\_\_\_ Telephone \_\_\_\_\_

Additional ARC/CLIA/IATAN/TRUE Numbers

Additional Telephone Numbers

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Customer ID (Internal Use Only) \_\_\_\_\_