

# Claim Form

“ON-LINE ADVANTAGE”  
Guaranteed Lowest Available Rate

Date: *(month/day/year)*

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Confirmation #:

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First Name:

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Last Name:

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City:

---

State:

---

Zip:

---

Your Email Address:

---

Daytime Phone:

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Evening Phone:

---

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

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

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Rate Booked:

\$ 

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Lower Rate Found:

\$ 

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Website where lower rate was found:

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Proof Submitted:  
(Screenshot)

yes     no

Comments:

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**Fax Claim Form To: 843-626-0156**