

**150% Best Rate Guarantee Claim Form**

Send To:  
Vacation Card  
Best Rate Guarantee  
4882 A North Jefferson St  
Pulaski NY 13142

**Personal Information**

Please provide the information of the claimant.

Are YOU a travel agent?  Yes  No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Vacation Card # \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

Mobile # \_\_\_\_\_ Home # \_\_\_\_\_

**Trip Information**

Please let us know more about the travel services you have purchased.

What type of travel did you book?  Condo  Hotel  Other \_\_\_\_\_

Confirmation # \_\_\_\_\_

Date of Trip Start \_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_/\_\_\_\_

# of Travelers \_\_\_\_\_ Rate you Paid \$ \_\_\_\_\_

**Lower rate Information**

Let us know about the possible lower-priced travel you found.

Where did you discover the lower rate?  A Website  Advertisement (TV, Radio, Newspaper, etc)  Email Solicitation  
 Other \_\_\_\_\_

Additional Details ( E.G. URL of website ) \_\_\_\_\_

Amount of Lower rate Seen \$ \_\_\_\_\_

Additional Details or Comments \_\_\_\_\_