

Your Agency LOGO/LETTERHEAD here  
(Copy the section below the dotted line onto your  
agency letterhead after you complete the form.)  
**Fax to: (800) 326-2872**

Dear Preferred Supplier,

Effective immediately, I 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

Date

Name/Title

Agency Name

Name of Previous Consortium

Agency Address

Suite

City

State/Province

Zip/Postal Code

ARC/CLIA/IATAN/BSP/TIDS/TRUE #

Phone

Additional ARC/CLIA/IATAN/BSP/TIDS/TRUE #

Additional Phone Numbers

*Customer ID (Internal use only)*

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