

**PACKAGE PARTNER AGREEMENT
LODGING**

Supplier Name: _____ Date: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Web site URL: _____ E-mail: _____

Main Contact: _____ Title: _____

Phone: _____

Back-up Contact: _____ Title: _____

Phone: _____

Accounting Contact: _____ Title: _____

Phone: _____

The following are terms and conditions to provide noted services between _____
and _____ for vacation packages.

This agreement will be valid from _____ to _____.

*Any changes or modifications to this agreement will be reviewed and agreed upon by the noted parties signing
this agreement.*

LODGING — Net Rates per Room by Category

Rate Period: _____

Single _____; Twin _____; Triple _____; Child: _____

Tax(es): _____

Room Type: *(run of house, ocean view, etc.)* _____

Other Charges: _____

v v v

Rate Period: _____

Single _____; Twin _____; Triple _____; Child: _____

Tax(es): _____

Room Type: *(run of house, ocean view, etc.)* _____

Other Charges: _____

Rate Period: _____
Single _____; Twin _____; Triple _____; Child: _____
Tax(es): _____
Room Type: (*run of house, ocean view, etc.*) _____
Other Charges: _____

v v v

Rate Period: _____
Single _____; Twin _____; Triple _____; Child: _____
Tax(es): _____
Room Type: (*run of house, ocean view, etc.*) _____
Other Charges: _____

v v v

Rate Period: _____
Single _____; Twin _____; Triple _____; Child: _____
Tax(es): _____
Room Type: (*run of house, ocean view, etc.*) _____
Other Charges: _____

v v v

Rate Period: _____
Single _____; Twin _____; Triple _____; Child: _____
Tax(es): _____
Room Type: (*run of house, ocean view, etc.*) _____
Other Charges: _____

Child rates and ages, if applicable:

Senior rates and discounts, if applicable:

LODGING MEALS — Net Meal Rates (inclusive of tax and service)

Meal: _____

Type of Service (Continental, full American, buffet, limited menu, etc.):

NET RATE AGES

Adult: _____

Senior: _____

Child: _____

Child: _____

Description of meal features, menu choices or reservation requirements:

Room release parameters to return inventory back to property:

Any blackout dates:

Voucher handling and billing procedures outlined:

Cancellation policy, if any:

Agreed to by:

Partner _____ Packager _____

Company _____ Company _____

Date _____ Date _____