

TRAVEL ADVANTAGE NETWORK



To be completed by timeshare owner:

Owner name _____
 Timeshare account # _____
 Resort _____
 Check-in date Fri/Sat/Sun _____
 Check-out date Fri/Sat/Sun _____
 Unit # _____
 Unit size _____
 Maximum occupancy _____

Resort Details

Phone _____
 Address _____
 Resort Website _____
 Check-in Time _____
 Check-out Time _____

UNIT AMENITIES
 Kitchen _____
 Partial Kitchen _____
 Fireplace _____
 TV _____
 Heating _____
 Air Conditioning _____
 Balcony _____
 Security deposit _____
 Washer/dryer _____
 Elevator _____
 Internet _____
 Bathroom(s) _____
 Floor _____ Stairs _____
 Bed Size(s) _____

Additional fees (parking, tax, internet, etc.) _____

 Comments: _____

ON-SITE AMENITIES

Pool (outdoor) _____
 Pool (indoor) _____
 Beach _____
 Tennis court _____
 Hot tub _____
 Playground _____
 Restaurant _____
 Golf _____

In consideration herein provided the undersigned owner and Travel Advantage Network (TAN) do hereby agree that: TAN will credit two weeks in exchange for each deposit of the unit week owned by the undersigned. The undersigned may use this credit any time providing that the undersigned is current in all obligations to the resort listed below, and that said unit/week has not been assigned to any exchange, resale or management company. The undersigned must also be current in any and all obligations to TAN and is responsible for complying with TAN reservation procedures, including required notice and reservation fees when utilizing the credit weeks. Undersigned owner is responsible for ensuring any "floating weeks" are scheduled/reserved with the resort and confirmed as scheduled, before submission of this certificate to TAN.

Signature (required) _____ Date _____ TAN Account # _____

Timeshare

To be completed by an authorized agent:

Name _____
 Phone _____
 Confirmation # _____
 Email (required) _____

Approved Denied _____

The above stated unit and week will be solely available, with no additional fees, for TAN's use if TAN can fill the unit.

Signature (required) _____
 Date _____

Travel Advantage Network

To be completed by an authorized agent:

Date _____
 Verbally verified by _____
 Emailed _____

In order for the Bonus Week form to be processed, please have all information including timeshare signature completed Fax 443.891.0265 • TANVacations@PlanWithTAN.com