

Work Order Authorization

This form is to be completed by the PARTNER/AFFILIATE and **submitted to ALLIANCE by FACSIMILE ONLY**. It represents work requested and authorized by the PARTNER/AFFILIATE

PARTNER/AFFILIATE agrees that work defined will be billed at a rate of \$95.00 US per hour and will be paid by credit card prior to the work being performed.

PARTNER/AFFILIATE please complete the following:

Account Number(s)(site ID):

Web site URL:

Company Name:

Contact Person:

Contact email and phone:

Scope of work to be completed:

This section to be completed by ALLIANCE

Number of hours authorized:

Total amount Due:

Hours authorized and amount due completed by:

PARTNER/AFFILIATE Authorization:

By signing below, PARTNER/AFFILIATE authorizes ALLIANCE to perform the work described in the Scope or Work above. PARTNER/AFFILIATE also authorizes ALLIANCE to charge the credit card account listed below for the Total Amount Due.

Credit Card Number:

Name on Credit Card:

Credit Card Exp/ Date:

Card Security Code:

(4 digits front of AMEX, 3 digits on back of most other credit cards)

Credit Card Billing Address:

Signature

Printed Name

Title

Date

FOR YOUR PROTECTION, PLEASE RETURN BY FACSIMILE ONLY TO (602)889-5550 ATTENTION

Electronic location: <http://partners.alliancereservations.com/implementation-guide/skinning>
Work Order Authorization 20090417

Please provide a specific scope of work that is to be completed. Any work done by ARN is the final product. Additional work that is not outlined in the scope of work, or was not the intent by the client will be completed at an extra charge.