

PAYMENT INFORMATION

Payment Information: Cash Check # _____ Credit Card # _____ Exp. Date ____ / ____ Security Code _____
Billing Address _____ City _____ State _____ Zip _____

I understand the enclosed payment entitles me to the benefits of these services for one year from the date of this application, unless otherwise noted on this form. In one year's time, I will be contacted to renew my partner marketing . I further understand that my partner services will be subject to automatic cancellation if payment is not received within 30 days after the date of first renewal invoice. Cancelled partners are subject to an additional \$35 administrative fee upon reinstatement.

Authorized Signature _____ Date _____

Print Name _____

Visit Bend Authorized Signature _____ Date _____

Please send partner marketing order form to:

Visit Bend
750 NW Lava Rd., Ste. 160 Bend, OR 97703
- or -
Email it to hank@visitbend.com

If you have any questions, please call 541.382.8048

