

Cancellations.com Affidavit of Use

Instructions: The purpose of this document is to confirm your authorization to post delays and cancellations, to www.Cancellations.com. Please print this document on your organization's letterhead and fax, along with a photocopy of your **current driver's license** (required) to (610) 998-8573. Please allow up to two business days for your organization to be authenticated.

I confirm that I represent _____
Organization Name

located at _____
Street Address

City State Zip Contact Phone

and I am authorized to make postings regarding official delays and/or cancellations on www.cancellations.com with regards to the above named organization.

Please provide your organizations email address or your managing email address:

Email

I have read and agree to the current Terms and Conditions of Use as stated on the website Cancellations.com, which may be modified from time to time. If at any time I do not agree to these terms, I may withdraw the Organization form the Cancellations.com website.

False Representation of an organization is punishable by law to varying degrees in different states, and under penalty of perjury I affirm that the above statement is true and correct:

Print Name of Authorized Rep. Title of Authorized Rep.

Signature of Authorized contact Date