

# 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](http://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 (814) 238-2729. 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

and I am authorized to make postings regarding official delays and/or cancellations on [www.cancellations.com](http://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](http://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 from the [Cancellations.com](http://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 Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date