

TRIPIT CUSTOMER VERIFICATION FORM

Hello,

Date:

In order to grant access to your account, we need a little bit more information to verify your identity. Please provide your information as it appears on a government issued ID.

Please send the completed and signed form back to TripIt at support@tripit.com.

1.	FULL Legal Name: (Include any middle names, as applicable)	
2.	City of Residence:	
3.	State/Region of Residence: (If Applicable)	
4.	Country of Residence:	
5.	Date of Birth (MM/DD/YYYY):	
DATA PRIVACY: Protecting the individual's privacy is crucial to the future of our business. We are committed to protect and uphold the individual's right to data protection and privacy. For information on how we process your personal data, please read the <u>TripIt Privacy Statement.</u>		
USER AGREEMENT:		
https://www.tripit.com/uhp/userAgreement		
APPLICABLE LAWS:		
TripIt is required to comply with global trade laws. As part of this effort, we collect and use certain personal information such as full name, location (city, state, country) and date of birth to verify your identity.		
I certify that the above is true, complete, and accurate information about myself. I understand that providing false information may lead to a permanent suspension of my account.		
Signat	ture:	
Print N	Name:	