## **RENTAL AGREEMENT**

This will serve as the direct rental agreement between the below mentioned RedWeek.com members for a timeshare vacation rental at:

NAME OF TIMESHARE RESORT:		
STREET ADDRESS OF RESORT:		
CITY/STATE/COUNTRY:ADDRESS OF CHECK-IN OFFICE (if different the control of		
RESORT TELEPHONE:	RESORT EMAIL	J:
CHECK-IN: Month Date Nate: Anytime After: AM or PM Ch *Note: Call resort the week prior to arrival for and/or if not planning to arrive on the first day	eck-in Desk open late check-in instru	until: PM* ctions,
CHECK-OUT: Month Date Anytime Before: AM or PM	Year	Day of Week
TOTAL # OF NIGHTS:		
UNIT NUMBER (if resort pre-assigns unit number UNIT VIEW (if guaranteed):		
UNIT SIZE: # of BEDROOMS:	-or- Studio	or- Hotel Unit
<u>MAXIMUM</u> SLEEPING OCCUPANCY OF UNIT ***Occupancy maximum is strictly enforced by Resort		
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### POLICIES AND PAYMENT

#### **DAMAGE DEPOSIT:**

Initials of Owner \_\_\_\_\_ Initials of Renter \_\_\_\_\_

As is customary in the lodging industry, the Renter will need to provide a credit card upon check-in as a damages/loss/incidental charges deposit. The Renter is responsible for any issues in this area (other than normal wear and tear) to the unit or its contents that may arise during their stay, either payable directly to the Resort or secondarily to the Owner if subsequently billed for damages or missing inventory from the unit. These things are so rarely a problem, but Renter needs to be aware that timeshare vacation condo Owners and their Renters/Guests are directly responsible for damages to a unit or missing condo inventory of supplies, furnishings, towels, etc.

# ADDITIONAL MANDATORY FEES CHARGED BY RESORT TO RENTERS: (i.e A/C or other utility surcharges, room safe, parking, pets, local government occupancy tax, etc.) IF RESORT HAS A MANDATORY "All Inclusive Program" THE REQUIRED FEES THAT THE RENTER IS RESPONSIBLE FOR PAYING DIRECTLY TO THE RESORT ARE: **RESORT POLICIES:** ARE PETS PERMITTED? \_\_\_\_\_ DETAILS: \_\_\_\_ IS SMOKING PERMITTED? \_\_\_\_\_ ANY RESTRICTIONS? \_\_\_\_\_ OTHER APPLICABLE POLICIES: \_\_\_\_\_ PAYMENT(S): TOTAL RENTAL AMOUNT : \$\_\_\_\_\_ USD (Or other currency: \_\_\_\_\_) AMOUNT OF DEPOSIT \$ TO BE RECEIVED BY OWNER BY: Note: If Owner does not receive Renter's deposit by this date Owner is under no obligation to continue to hold their unit aside. BALANCE DUE (if applicable) \$ \_\_\_\_\_ TO BE RECEIVED BY OWNER BY: \_\_\_\_\_ **CANCELLATION BY RENTER\***: Renter must send written notice to Owner for cancellation consideration by no later than \_\_\_\_\_ days prior to the check-in date. Amount of refund to Renter (if any): \$\_\_\_\_USD -or- \_\_\_\_\_ % of monies already paid -or- Only if Owner can re-rent unit for same amount. \*Note: Owner does not have the option to cancel unless payments are not received by the required date(s).

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#### CONFIRMATION AND TERMS OF OCCUPANCY

The Owner will obtain a written confirmation from the resort bearing the Renter's name, which the Renter must bring with them and present to the check-in desk to prove their entitlement to the unit. Renter must be at least 21 years of age and be present at time of check-in. No re-renting, leasing, subletting, or transferring of this unit by the Renter to someone else is permitted. Renter will be entitled to use all of the resort's amenities the same as if the Owner were using the unit (unless otherwise specified), and is expected to abide by all of the Resort's policies while enjoying their stay.

\*

By the signatures below, both parties agree that they have thoroughly read this Rental Agreement, had the opportunity to ask questions, and understand and agree to the terms. Both parties understand RedWeek.com will not represent or act for either the owner or the renter, nor will the company act as an intermediary between the prospective parties to a transaction.

OWNER:	RENTER:
OWNER SIGNATURE	RENTER SIGNATURE
(Print) OWNER NAME	(Print) RENTER NAME
MAILING ADDRESS	MAILING ADDRESS
CITY/STATE/COUNTRY/ZIP	CITY/STATE/COUNTRY/ZIP
TELEPHONE NUMBER	TELEPHONE NUMBER
FAX NUMBER	FAX NUMBER
E-MAIL ADDRESS	E-MAIL ADDRESS
DATE SIGNED	DATE SIGNED