

GUEST RENTAL AGREEMENT

3009 Palm Boulevard, Isle of Palms, SC 29451 843-886-5303

Name _____

Address that matches the billing address
on your MasterCard or Visa

Thank you for making your reservation with me! Please check to be sure the dates below are correct. Please sign this Agreement along with the Rental Guidelines and City of Isle of Palms notice and fax to 864-232-9443 or e-mail to 3009palm@charter.net as soon as possible. Reservations are non-binding until we have received a signed copy of this Agreement from you and received your 50% deposit. Balance is due 60 days prior to date of arrival.

Reservation Number: Telephone #'s _____
Check In After 4PM: _____
Check out by 10AM: _____

Date Taken: _____

Charge Summary:

Number of Occupants:

Rent	\$0000.00
Heated Pool Option	\$000.00
Security Deposit	\$500.00
Total Amount	\$0000.00
Reservation Deposit	\$0000.00
Balance Due	\$0000.00

Adults: _____
Children: _____
of Vehicles: _____

I authorize the owner to charge my credit card for damages or excessive cleaning (if any) caused by myself or my party. I understand my credit card will not be charged unless there are actual charges or damage.

I agree to have my credit card verified to be sure of its validity. I understand that owner will verify my card before my arrival.

By signing below, I agree to the terms of the agreement outlined above.

Signature of Guest

Printed Name of Guest

ADDRESS: _____

City: _____ State: _____ Zip Code: _____

Telephone # _____ Email _____

Credit Card (circle one): VISA or MASTERCARD (5% is added for CC Payments)

Credit Card Number _____ Expiration Date _____ Security Code _____

Name as it Appears on Card _____

Authorization Approved

Date: _____

Security Dep. Returned

\$ _____ Date _____

Check# _____