



LESSEE RENTAL / PAYMENT INFORMATION

LESSEE INFORMATION

NAME _____ HOME PHONE _____ DOB(MON/DAY): _____

ADDRESS _____ WORK PHONE _____

CELL PHONE _____ EMAIL _____

HOW DID YOU HEAR ABOUT US ? _____

PROPERTY INFORMATION

LOCATION _____ UNIT # _____ SLEEPS _____

DATE(S): _____ BALANCE: _____

PAYMENT INFORMATION (CHOOSE ONE OPTION)

OPTION 1 ~ CREDIT CARD (VISA OR MASTERCARD)

NAME (AS IT APPEARS ON CARD) _____ CARD TYPE VISA MASTERCARD

CARD BILLING ADDRESS _____

CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

Please charge my card \$_____ as payment for lease of property listed above for said dates. I understand that my credit card number will be kept on file to cover any damages, missing items or incidental expenses that may occur during my stay. I also understand that I will be provided with an itemized description of any additional charges and will be given the opportunity to dispute these charges should I disagree. _____ Initial

OPTION 2 ~ PERSONAL CHECK

If you pay by check, you must also include a separate check for \$500.00 which, will be held as a security deposit to cover any damages, missing items or incidental expenses that may occur during you stay. You may however, put the \$500.00 security deposit on your credit card if you choose.

I HAVE ENCLOSED A CHECK IN THE AMOUNT OF \$_____ TO COVER THE LEASE FEE AS OUTLINED IN THIS AGREEMENT.

PLEASE USE THE FOLLOWING FOR MY SECURITY DEPOSIT. PLEASE CHECK ONE:

_____ Separate check for \$500.00 enclosed (check will be returned within 30 days of your check out date).

_____ Credit Card (please fill out the information in Option #1) No charges will be processed without notification.

I AGREE TO THE RENTAL OF SAID PROPERTY AND THE CHARGES STATED ABOVE TO MAJESTIC GETAWAYS, INC.

LESSEE

DATE

MAJESTIC GETAWAYS, INC.

DATE

Majestic Getaways, Inc, 3900 West 'C' Avenue, Kalamazoo, Michigan 49009

269.207.1403. Cell~ 269.349.7700 Office ~ 269.381.4553 Fax

www.majesticgetawaysinc.com ~ majesticgetawaysinc@yahoo.com