



# RENTAL APPLICATION

## PLEASE TELL US ABOUT YOURSELF *(Please print)*

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

OTHER PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

## PAYMENT METHOD AND INFORMATION

CREDIT CARD NUMBER \_\_\_\_\_  VISA  MASTERCARD EXP. DATE: \_\_\_\_\_

NAME (AS IT APPEARS ON CREDIT CARD) \_\_\_\_\_ VERIFICATION CODE \_\_\_\_\_

## PLEASE PROVIDE US WITH YOUR OCCUPANCY INFORMATION

NUMBER OF ADULTS \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_ AGE OF EACH CHILD \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_ LICENSE PLATE NUMBER \_\_\_\_\_

STATE \_\_\_\_\_ DRIVERS LICENSE NUMBER \_\_\_\_\_

## PLEASE PROVIDE US WITH EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## RENTAL AGREEMENT

I hereby apply for the residential rental of Suite \_\_\_\_\_, (address) \_\_\_\_\_ Cottageview Drive, Traverse City, MI 49684 for the length of time indicated on this application. I agree to the rental rate of \$ \_\_\_\_\_ for the duration of the rental period, and further agree to pay any additional rental amount owed for any time that exceeds the agreed length of stay. I understand and agree that a deposit, equal to one-third of the total rental fee, in the amount of \$ \_\_\_\_\_ must be paid in advance. I further agree to give the rental agent/TMG permission to charge my credit card for cost of damages to the rental Unit, should they occur, upon inspection of the Unit at the time of my departure, whether damages were incurred by me or another occupant of the Unit, including children and guests. I understand pets are *not* permitted, and that the rental unit and porches are *smoke-free*.

**Cancellation Policy:** I understand and agree that my deposit is *non-refundable* if I do not give at least **fourteen (14) days advance notice** should I elect to cancel my reservation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE

ARRIVAL DATE: \_\_\_\_\_ DAY \_\_\_\_\_  AM  PM DEPARTURE DATE: \_\_\_\_\_ RENTAL TOTAL: \$ \_\_\_\_\_

LENGTH OF STAY: \_\_\_\_\_ NIGHTS \_\_\_\_\_ 1-WEEK (6 NIGHTS) \_\_\_\_\_ WEEK(S) \_\_\_\_\_ MONTH(S)

DEPOSIT RECEIVED:  CREDIT CARD  CHECK CHECK NUMBER \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

TOTAL PAYMENT RECEIVED:  CREDIT CARD  CHECK CHECK NUMBER \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

Rental Agent: Marsha Minervini, **RE/MAX** Bayshore Properties, Ltd.

Checked-In By: \_\_\_\_\_

830 Cottageview Drive, Suite 203 Office Phone: 231.947.1006 The Village at Grand Traverse Commons.