

Sky Ventures: Application/Rental Agreement

PAYER'S NAME:

ADDRESS:

PHONE/CELL #:

FAX #:

EMAIL ADDRESS:

LIST ALL OCCUPANTS (and list their ages, if under 25):

UNIT PREFERENCE:

CHECK-IN & CHECK-OUT DATES:

LENGTH OF STAY:

LIST PETS (TYPE/WEIGHT):

HOW'D YOU HEAR ABOUT US (Google, VRBO, etc.)?

WHY DID YOU CHOOSE US?

CREDIT CARD INFO to be used in case of damages (fill in to waive the damage deposit):

***If this information fails our \$1 test charge, we reserve the right to cancel your reservation and retain all payments to date.**

TYPE:

NUMBER:

EXP DATE:

SEC CODE:

BILLING NAME:

BILLING ADDRESS:

Initial here if you are waiving our travel insurance protection. x_____

By signing below, I acknowledge that my party and I have read, understand, and agree to abide by the rental policies and conditions for this property. I agree to allow Sky Ventures to charge my credit card a \$1 fee to test the card, and for damaged or missing items during and/or after my stay. I understand that there are no refunds, unless specified in the policies and conditions.

PAYER'S SIGNATURE: _____

DATE: _____

Please fill out, HAND-SIGN, ATTACH A COPY OF YOUR DRIVER'S LICENSE, send to:

Email) SkyVenturesLLC@gmail.com or Fax) 888-831-8604