




Reservation Form Weekly Beach Rentals

727-491-3772 40347 US 19 N Suite 113 Tarpon Springs FL 34689

Fill Form out completely and Fax to: **1-888-803-6518** or scan and E-mail to: Sales@weeklybeachrentals.com

Guest Information: Guests fill out the white areas only					WBR Rep:			122606 ok mv			
Date of Reservation	Date min. 50% of Total Quoted Rate Received			Date Entered		By:					
First & Last name											
E-mail					Fax						
Phone				Cell		Work					
Home Address City, ST, Zip, Country											
Reservation Information If the Property should become unavailable the Guests will be moved, at no extra charge, to a comparable or upgraded property by Management											
The Property is reserved when WBR confirms it and a min. 50% of the Total Rates are received.											
Name of Home:					Quoted Rental Rates, Fees and Taxes						
					Wk/Mo Rate: Total		\$				
					Fees: Cleaning, Pets, etc. Total		\$				
Security Deposit Received:\$			Date:		Lodging Tax 11% Total		\$				
					Quoted Rental Amount Total		\$				
Security Deposit Returned:\$			Date:		Processing Fee Total		\$19.95				
					Total Rental Amount Total		\$				
Property confirmed & Guest notified Date: ___/___/___ WBR Rep: _____											
Check In and Check Out Information		Check in Date			Check in time after 4 PM		Initial				
		Check Out Date			Check out time by 10AM		Initial				
Total number of:		Adults		Children		Pets(see fees)		Cars			
Special Requests?		Cribs, beds, wheel chairs, etc:									
How did You find out about us?		Internet			Website used?						
		Other			What search engine do you use the most?						
Billing Information: No Reservation is guaranteed without a min. 50% of the Total Rate on Account											
The Balance is due 45 Calendar days before your arrival and must be paid on time to hold the Property											
Please read and sign		I understand that if I cancel my reservation for any reason, there are no refunds unless the Property is rented by another party in which case I will pay a 25% cancellation fee and the Balance of my Fees will be refunded to me within 3 weeks. Signed:									
Type of Payment Deposit/Balance		Ck		CA, MO, Bank CK		Minimum of 50% of Total Rate Amt paid		\$			
						Balance Amt		\$			
						Balance Paid		\$			
IMPORTANT: If you are paying with a Credit Card: 1. Send a copy of your Driver's License 2. CREDIT CARD AUTHORIZATION FORM  Your submission of this Authorization Form gives your permission for Weekly Beach Rentals to use the information to charge your Credit Card the agreed Rates AND helps protect you, our valued customers, from credit card fraud. All information entered on this form is kept confidential		I (The Renter)			hereby authorize Weekly Beach Rentals to						
		charge this Credit Card (Print Name on CC)									
		(Check one) Visa		MasterCard		American Express		Discover Credit Card			
		Card number									
		Exp		CID #(3 or 4 digits)			To pay for the following amounts:				
		A min. of 50% of the Total Rates				\$		Approval Code			
		And the Balance of			\$		will automatically be run on this date				
		Total Amount not to exceed				\$		And covers all monies due except Security.			
		Phone and Billing Address if different from above:									
		CC Holders Signature					Date				