



Date: _____

First Name: _____ Last Name: _____

Address: _____

Dear Vacationer,

We would like to thank you for choosing The Parkinson-Group for your vacation plans. Please carefully read the enclosed rental agreement and fill in the blank areas with your information.

Below, you will find your balance due, your arrival and departure dates and any other specific requests that were discussed. **If payment is made by check or credit card, all monies are due 30 days prior to arrival. Our office opens at 12:00 PM Eastern Standard Time and closes at 8:00 PM Eastern Standard Time Monday through Saturday.** If you have any questions, please give us a call. We look forward to your stay.

ARRIVAL: _____ **DEPARTURE:** _____

PROPERTY ADDRESS: W2978 White Birch Rd Lake Front Cabin(# 6) Sunset Cabin(#7)
Reservation Deposit: \$200.00

BALANCE DUE: _____

Thank you,

The Parkinson-Group

(909)224-3191

The Parkinson-Group
P. O. Box 987, Lake Arrowhead, CA 92352
(800) 542-0009

RENTAL AGREEMENT AND RECEIPT

DATE: _____

Lessee: _____ Arrival: _____ Departure: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Credit Card: _____ Exp: _____ (Save 3% By
paying by check!)

Property Address: W2978 White Birch Rd, Moran, MI 49760

Adults: _____ Children: _____

Bedrooms: 2 Bathrooms: 3/4 VCR: Yes Double:2 Other: _____

RENTAL AMOUNT.....\$ _____

Credit Card fee.....\$ 3% _____

County Bed Tax.....\$ 6% (Waived our gift to you!)

Cleaning Fee.....\$ 35.00 (Also Waived!)

2008 Gas Special we'll pay the tax and the cleaning fee!!!

PET FEE.....\$ _____

PET SECURITY DEPOSIT.....\$ _____

Reservation Deposit.....\$ _____

TOTAL DUE.....\$ _____

BALANCE DUE.....\$ _____

Due: _____ Date: _____

If payment is not received by due date, the credit card will be charged.

Tenant INITIAL _____

SMOKING IS NOT PERMITTED INSIDE CABIN, OUTSIDE IS OK.
PETS ARE ALLOWED UPON APPROVAL.

A charge of \$250.00 will be imposed should you smoke in the home or bring a pet without authorization.

Check in time is aster 4:00 p.m. Check out time is 11:00 a.m. unless other arrangements are made.

Currently a security deposit is not charged at the time of booking; the agency reserves the right to charge the designated credit card for excessive cleaning required, trash removal or damage to real or personal property.

The Parkinson-Group
P. O. Box 987, Lake Arrowhead, CA 92352
(800) 542-0009
RENTAL AGREEMENT AND RECEIPT

DATE: _____

If cancellation is made 30 days or more prior to your arrival date, your credit card will be charged a \$25.00 cancellation fee. If cancellation is made less than 30 days from the arrival date, or you arrive and refuse said property for any reasons that are no fault of management, your credit card will be charged \$250.00 as a cancellation fee.

We are not responsible for cancellation by owner due to loss of utilities or any other action beyond agent's control. In such event, we will endeavor to locate another rental home of like value on your behalf or give a refund.

Rental agent reserves the right to inspect the premises at any time. **If the property is used by more persons than reserved, this is considered a violation of the contract. You may be asked to leave the premises, and would forfeit all monies paid.**

Renter agrees to indemnify Owner/Broker, agents and employees and to hold them harmless from and any all claims for injury or losses related to your use of the rental property.

Please sign and return the original, keeping the attached copy for your records.

Emergency Contact Number: (909)224-3191

Lessee _____ Date _____

Reservation Agent _____ Date _____

Property Address: W2978 White Birch Rd Lake Front Cabin (#6) Sunset Cabin(#7)
(Arrival: _____ to Departure: _____)