Registration & Facility Request Form

Name: _____

Home address: _____

_____

Home telephone: _____

Email address: _____

Client Reference Number: _____

Arrival date: _____ Departure Date: _____

Number of Adults: _____ Number of Children: _____

Property: _____

_____

PLEASE carefully read the important information below and, to comply with Florida Law, RETURN the completed & signed form to the Excel Villa Rentals office.

Please note that **check in time for your villa is 4.00pm** and **check out time is 10.00 am**. To avoid a **$50.00 late check out/non return/loss of key charge** please abide by these times and on departure return your villa key to the lock box on the villa. Please consult the information book in your villa or property management company for details on the workings of your villa such as garbage collection days. We also offer the additional facilities below:

Facility	cost per day/week	# of days	# of weeks	Total costs
Early/Late Check-in/out	$50 per day			
Pool Heat - Electric	$20 per day			
Pool Heat - Gas	$35 per day			
Spa	$10 per day			
Barbeque - Gas Grill	$55 per week			
Highchair	$30 per week			
Cot/Rollaway	$30 per week			
			+13% Tax	
			Total $	

Credit Card Type: ❑ Visa ❑ Mastercard ❑ AMEX

Expiration Date: _____

Name on Card: _____

Card Number: | | | | | | | | | | | | | | | |

Client agrees credit card will be charged $_____ Date: _____

I confirm that I will not refuse legitimate charges against my credit card as below. Initial _____

Property damage, breakages, carpet staining, pool screen, etc: I agree that my card may be charged provided Excel provide photographic evidence which will be available to me on request. Any damages or other issues should be reported within 24 hours of arrival by calling the Excel Office at 1-866-899-8661. Initial _____

No smoking: I understand that our accommodation is non-smoking. Smoking in the villa will result in a $250 fine being charged to my credit card. Please smoke outside. Initial _____

Excessive Garbage: I understand that I may leave up to three sealed bags of garbage, but this must include perishable items the cleaner may remove from the kitchen. If I leave in excess of this amount I understand that I will be charged $25.00 and can only contest if Excel fails to produce photographic evidence. Initial _____

Pre-agreed equipment rental: I agree to pay for all extra equipment rental arranged prior to or during my stay. Initial _____

Pet Fee: I understand that the accommodation provided is pet free unless arranged prior to arrival. I agree to pay a $300 non-refundable pet fee if this has been agreed prior to arrival. If this is not agreed and you do have a pet in the villa a $500 fine will apply. Initial _____

Late Check-out: I understand that if I fail to vacate the villa by 10.00am on the day of my departure, I may incur a charged equal to one day's rental at our current US rates. Initial _____

I agree to pay the full rental payment for the villa/property, should the travel agent fail to make payment Initial _____

I have read and understand the information above and hereby authorise the costs for the items indicated.

Signature: _____

❑ **Option 1 - Damage Waiver** (Non Refundable)

For a one time fixed charge, Excel Villa Rentals waive all liability, up to $1,500 for inadvertent damages or breakages to this home. This will typically include but is not limited to:

1. Breakages to crockery and glasses, furniture and lamps.
2. Removable stains on carpets due to spilt beverages or food
3. Broken windows and damage to pool screens
4. Blocked toilets and waste disposal.

❑ Stays up to 7 days .... $30.00 ❑ Stays up to 14 days.... $50.00

❑ Stays over 14 days $80.00

Exclusions: Intentional acts, gross negligence and/or willful and wanton conduct.

I understand that provided I follow the obligations above I will not be financially accountable for accidental damage during my stay.

Signature: _____

❑ **Option 2 - Security deposit of $300.00 is required.**

$300 will be authorised and held on the credit card provided until after departure and completion of a full inspection of the property.

Signature: _____

Please return this form to:
501 East Oak Street, Suite A
Kissimmee, Florida 34744

Fax: 407-344-2006
USA toll free: 1-866-899-8661
UK freephone: 0800 066 4578