

**I-2 Fairway Villas at Waikoloa Beach Resort
Vacation Rental Agreement**

Guest Names: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone () _____ Business Phone: () _____

FAX Number: () _____ Cell: () _____

E-Mail: _____

1) Reservation Date:

Arrival Date: _____ Departure Date: _____

2) Occupancy:

Number of Adults: _____ Number of Children: _____

3) Rental Cost:

Rental cost per night: \$_____ Number of nights reserved: _____

Total rental cost: \$_____ (Rental cost per night x Number of nights reserved)

Hawaiian tax: \$_____ (Total rental cost x 0.1342)

Cleaning fee: \$100.00

Security deposit: \$250.00 **(Refundable after stay)**

Total transaction: \$_____ (Total rental cost + Hawaiian Tax + Cleaning fee + Deposit)

Deposit amount \$_____ (25% deposit of the total transaction)

Final Amount \$_____ (Due 60 days before arrival (90 days for Christmas))

A 2% fee is added to all balances charged on credit cards to partially cover processing cost

4) Check-in time is 3:00 PM. Early check-in time is possible only when the property is cleaned and ready for occupancy. Prior approval with owner is required.

5) Check-out time is 11:00 AM. Please leave all keys back on kitchen counter.

6) Telephone: There is no charge for local calls or calls to the US mainland or Canada. Guest is responsible for international long distance phone charges; calls can be made with your long distance carrier/calling card or through operator assistance.

7) Cleaning: The condo will be inspected, sanitized and cleaned after your departure. YOU ARE REQUIRED to leave the property in the same general condition as you received it. Please clean all dirty dishes and remove trash bags prior to departure. Extra cleaning fee will be charged if excessive cleaning is needed.

8) What we supply: The property is equipped with bed sheets, bedspreads, comforters, pillows, bath towels, beach towels, as well as a fully equipped kitchen, TV, TV cable, DVD, broad band Internet access and stereo system.

9) What you should bring: Personal toiletries and snorkeling gear.

FOR RESERVATION

. Once your requested date is confirmed by e-mail or telephone, this signed rental agreement along with a required security deposit check (or credit card authorization form) of 25% of the total transaction is required within 5 business days to confirm the reservation. The rental deposit should be mailed to the following address:

Seth Medlin, 611 N 35th St, Morehead City, NC 28557-3126.

. The arrival package can be downloaded from the internet anytime. I will e-mail the gate code and lock-box code when the final rent payment is received. Guest agrees to comply with the House Rules listed in the arrival package.

. Full payment is due 60 days prior to your arrival date (90 days for Christmas bookings).

. Payment by Check: Personal checks returned for insufficient funds will incur a \$50 service charge. Any security deposit and balance checks should be made payable to Seth Medlin.

INNKEEPER'S AGREEMENT

. The security deposit will be returned to you within three weeks (usually within just a few days if I am not out of my office) if the premises are vacated in reasonably clean condition and nothing is missing or broken. The manager of the unit will check the premise for damage and take inventory.

. Cancellation Policy: If you have to cancel the reservation, notice of cancellation MUST BE IN WRITING AND RECEIVED not less than 60 days prior of your check-in date. We will refund the amount you have paid with a deduction of \$50 for the cancellation fee. If your notice of cancellation is RECEIVED LESS THAN 60 DAYS PRIOR TO YOUR CHECK-IN DATE, you will forfeit all sums paid unless we are able to re-rent the unit, in which case we will only deduct \$50 for the cancellation fee and refund the remainder of your payment. Damage deposits are fully refundable.

. Maximum occupancy 4 persons

. Guest shall not sublease the unit

. Hold Harmless: The owner and rental agent does not assume any liability for loss, damage, or injury to persons or their personal property. Neither do we accept liability for any inconvenience arising from

any temporary defects or stoppage in supply of water, gas, electricity or plumbing. The owner will not accept liability for any loss or damage caused by weather conditions, natural disasters, or other reasons beyond his control.

. Additional Terms and Conditions: The undersigned, for himself/herself, his/her heirs, assignors, executors, and administrators, fully releases and discharges owner from any and all claims, demands and causes of action by reason of any injury or whatever nature which has or have occurred, or may occur to the undersigned, or any of his/her guests as a result of, or in connection with the occupancy of the premises and agrees to hold owner and agent free and harmless of any claim or suit arising therefrom.

. Guest shall leave property in order, if excessive cleaning is needed it will be considered damage.

. The owner or his agents may have access to the condo for repairs or inspections. We will make every effort to provide reasonable notice if such access should become necessary.

. Condo is absolutely smoke free (this includes candles); don't even think about smoking. Hawai'i state and county laws are very restrictive regarding smoking where someone may encounter secondhand smoke. We are not allowed to smoke on the lanai or within 20 feet of the building.

. No Parties/Function within the rental property: Guests and other occupants will be required to vacate the premises and forfeit the rental fee if such activities occurred.

. No pets/animals allowed within the property.

_____ (Signature) _____ (Date)

CREDIT CARD AUTHORIZATION

I authorize Seth Medlin (DBA Galileo Galilei) to charge deposit & balance due as agreed above to the following Credit Card:

_____ MasterCard _____ Visa _____ Discover _____ American Express

A 2% FEE WILL BE ADDED TO ALL BALANCES CHARGED ON CREDIT CARDS

DEPOSIT: \$ _____ + BALANCE DUE: \$ _____ TOTAL CHG: \$ _____

Name on Credit Card, _____

Credit Card # _____ Exp. Date _____

Cardholder's Billing Address Street _____

City _____ State/Province _____ Zip Code _____ Country _____

Mailing Address, if different from Billing Address _____

City _____ State/Province _____ Zip Code _____ Country _____

GUEST SIGNATURE _____ Date: _____