

**KIHEI AKAHI UNIT B-102
VACATION RENTAL CONTRACT
RESERVATION FORM**

Name: _____
 Address: _____

 Home Phone: _____
 Work Phone: _____
 Fax: _____
 E-Mail: _____

Check In Date (3PM): _____
 Check Out Date (10AM): _____
 Number of Nights: _____
 Reservation Taken On: _____ By: _____

Additional Guests, include age(s) of minor guest(s)
 (1) _____
 (2) _____
 (3) _____
 (4) _____
 (5) _____

Security Deposit: _____
 Weekly Rental Rate: _____
 Nightly Rental Rate: _____

Cleaning Charge: _____

4.166% State Excise Tax: _____
 7.25% Transient Tax: _____

*Directions and Key Instructions will be mailed upon receipt of security deposit and full rent payment.

TOTAL BALANCE DUE: _____
 BALANCE DUE DATE: _____

PAYMENT:

Security Deposit is in addition to Total Rent Due. Total Rent Balance is due sixty (60) days in advance of stay. Acceptable forms of payment are cashier's check, certified check, money order, credit cards (Visa, MasterCard, American Express) or cash (in office only).

CANCELLATION POLICY:

- (1) All cancellations must be in writing.
- (2) A one-time cancellation fee of \$100 will be charged on any and all cancellations.
- (3) Deposit will be forfeited if less than sixty (60) days notice is given.
- (4) Rent and taxes will be forfeited if less than thirty (30) days notice is given.
- (5) A fee of \$75.00 will be assessed for any changes made after receiving security deposit.

NOTES:

- (1) Kihei Akahi office hours are Monday through Friday, 9:00am to 4:00pm
- (2) Check in is 3:00pm and check out is 10:00am. If this presents a problem with your flight times, please let us know well in advance so we may try to alter scheduling.
- (3) The owner and Kihei Akahi unilaterally and at their sole discretion, reserves the right to change or cancel the above reservation for any reason.
- (4) See also our **Standard Rental Terms** at www.affordablemauicondo.com/terms.pdf which is part of this contract.

Deposit Received:	Check#	Date:
Rent Received:	Check#	Date:
Deposit Refunded:	Check#	Date:

Guest Signature /Date _____

Agent Signature / Date _____