RENTAL AUTHORIZATION

| I. We. | . aive Florid | da Vacation Villas (FVV) |
|--|---|--|
| I, We, | e that they will rent our unit or e, collect and remit the sales partment of Revenue on our l | nly that FVV will attempt to tax for which the owner is behalf. Owner may also acquire |
| Owner acknowledges that if owner acquare exercising a taxable privilege under are ultimately liable for any sales tax durwith the State of Florida. Owner fully untaxes, penalties and interest due from the for such uncollected amount will be issued weeks in the unit, until satisfied as per Control of the c | chapter 212, FL. Statute and e the State of Florida and for derstands that should the State rental, lease, let or license ed and become a lien agains | as such understand that they licensing themselves as a dealer ate be unable to collect any to use their property, a warrant their property, and the other 51 |
| Since there will be no fee due F.V.V. if cany damages to the unit by owner's rent | | es, owner will be responsible for |
| Owner also understands any or all of the arrive at the net rental, if rented by FVV. | 0 0 | educted from the gross rental to |
| - 25% FVV Processing Fee - Maid Service (daily maid service is usu Maintenance Budget.) - Cleaning fee (for complete cleaning if to Delinquent Maintenance Fees and or Louis and Service and Service Processing Fee - 30% income tax withholding where approximately | nally expected by the renter a here is more than one checkate Charges. | nd is not included in your |
| Owner will receive a breakdown of the a receive a 1099 tax statement when appl | | the rental check and will also |
| It is owner's responsibility to contact FV unit/week(s). | V during business hours to ch | neck the rental status of their |
| Florida Vacation Villas is not respons | ible for canceled reservation | ons. |
| Please indicate your choice(s): | | |
| 1 Rent full week ONLY at \$_ 2 Rent as many nights as po accepted. | per week or \$ ssible at \$ per nigh | minimum accepted. It or \$ minimum a |
| OWNER (S) SIGNTURE | SOCIAL SECURITY # | DATE |

RETURN THIS SIGNED AUTHORIZATION TO FLORIDA VACATION VILLAS