

Leisure Suites Rental Contract

Unit _____ Week _____ Year _____ Owner ID _____

Name(s) of Owners _____

(Please Print)

I wish to use part of my week. I will rent the following days: _____

I wish to put my entire week up for rent _____

I owe my association fees and would like you to deduct that amount from my proceeds _____

I wish to place my unit on rental through the Leisure Suites Rental Program. I understand that should my unit rent, the disbursement will be Sixty percent (60%) to me as the owner or to my owners association (if any maintenance fees are due), and Forty percent (40%) to Leisure Suites. I understand that whether or not my unit is rented, this agreement will not change my liability for all maintenance fees, taxes or other charges from my owners association. If my unit should rent, I will receive disbursement directly from Leisure Suites within 30 days of the end of my rental week.

Leisure Suites shall determine the rental rates that it feels will maximize the potential rental receipt for the unit. These rates will be comparable to the rates set and advertised for similar types of units. Leisure Suites reserves the right to lower a posted rate or rent by the day, if we feel that this will help maximize the rental receipts for this unit.

By my signature below, I understand that **Leisure Suites** is the exclusive REAL ESTATE RENTAL BROKER for Breezy Point Timeshare and I am placing my unit into the rental program. I agree that I have forfeited all rights to usage of my unit should it be rented. It is further understood that I have not spacebanked my unit with RCI or otherwise given up usage to my unit, which would leave me ineligible for this rental program.

I understand that it is my responsibility to call for information on the rental status of my unit. Leisure Suites will not notify me if my unit is or is not rented. I UNDERSTAND THAT NO RENTAL INCOME IS GUARANTEED.

(#1) Owner's signature

(#2) Owner's signature

Address

Daytime phone

Social Security # (Please specify if this is Owner #1 or #2)

Please note: Rental revenue is a source of income – your social security number is required in order for us to send you a 1099.

Leisure Suites, PO Box 285, Pequot Lakes, MN 56472 | email: bpreservations@tds.net | Fax: (218) 562-6434

OFFICE USE ONLY

Accepted by: Leisure Suites Real Estate Broker

Date

Released by/date

Sent by/date