PROPERTY MANAGEMENT



MREINZ

ESTATE LTD

Ph 07 865 8499

holidayrentals@whangamatarealestate.co.nz www.whangamatarealestate.co.nz

DATE:								
FULL NAME(S):								
HOME ADDRESS:								
PHONE: HOME				WO	RK _			
MOBILE		EM	AIL _					
Have you rented through our company before?								
ADDRESS SELECTED:								
DATES OF STAY: Fro	om 2pm	/	/	To 10.30am	/	/	Total Nights	

(Minimum of 10 nights stay required during Peak period; Min 4 nights at Beach Hop; Min 3 nights at Shoulder; Min 2 nights at Off Peak.)

NUMBERS & AGES OF APPLICANTS:

Warning *Please provide numbers and ages of all persons that will be staying. The number of people that stay at the home will be limited to the number on the application and any changes will require the owners re-approval.

Total Number of Adults	Ages of Adults	
Total Number of Teens	Ages of Teens	
Total Number of Children	Ages of Children	

PETS: If you are applying for a home that allows pets and would like to bring yours, please provide details of number & types of pet and include a photo.

Signature

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If you have not booked through us before, this application must be signed and accompanied by a copy of suitable identification such as a driver's licence or passport.

This application will be sent to the owner of the property you have selected for acceptance or decline. On acceptance of the booking you will receive email & text confirmation. On confirmation you are required to pay a deposit within 7 days which will be 1 x Nights Rent, Bond \$200 (min), Clean Fee (each home priced individually for clean fee) & a Booking Fee of \$60.

OFFICE USE ONLY:	DATE OWNER EMAILED :		
RATE:		CLEAN:	APPROVED
		BOND:	DECLINED
		FEE:	DECENTED