

## MERCATO CONDOMINIUM ASSOCIATION

### STANDARD SHORT TERM RENTAL AGREEMENT

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

OTHER  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

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#### PLEASE PROVIDE US WITH YOUR OCCUPANCY INFORMATION

NUMBER OF ADULTS \_\_\_\_\_ NUMBER OF CHILDREN \_\_\_\_\_

AGE OF EACH CHILD \_\_\_\_\_

VEHICLE MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ YEAR \_\_\_\_\_

LICENSE PLATE NUMBER \_\_\_\_\_

STATE \_\_\_\_\_ DRIVERS LICENSE NUMBER \_\_\_\_\_

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**EMERGENCY CONTACT:** NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

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#### PAYMENT METHOD AND INFORMATION

CREDIT CARD NUMBER \_\_\_\_\_

☐ VISA ☐ MASTERCARD EXP. DATE \_\_\_\_\_

NAME (AS IT APPEARS ON CREDIT CARD) \_\_\_\_\_

VERIFICATION CODE \_\_\_\_\_

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**RENTAL AGREEMENT** I hereby apply for the residential rental of Suite\_\_\_\_\_, 800 Cottageview Drive, Traverse City, MI 49684 for the length of time indicated on this application. I agree to the rental rate of \$\_\_\_\_\_ for the duration of the rental period and further agree to pay any additional rental amount owed for any time that exceeds the agreed length of stay. I understand and agree that a deposit, equal to \_\_\_\_\_ of the total rental fee, in the amount of \$\_\_\_\_\_ must be paid in advance. I further agree to give \_\_\_\_\_ [owner/rental agent/TMG] permission to charge my credit card for cost of damages to the rental Unit, should they occur, upon inspection of the Unit at the time of my departure, whether damages were incurred by me or another occupant of the Unit, including children and guests. I understand pets are not permitted. I agree to abide by the Mercato Condominium Short Term Rentals Rules and Regulations and I acknowledge receipt of a copy of same.

**Cancellation Policy:** I understand and agree that my deposit is non-refundable if I do not give at least \_\_\_\_\_ days advance notice should I elect to cancel my reservation.

**Signature:**

**Date:**\_\_\_\_\_

**Print Name**

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**FOR OWNER OR RENTAL AGENT USE ONLY**

ARRIVAL DATE\_\_\_\_\_ DAY\_\_\_\_\_ ☐AM ☐PM DEPARTURE DATE: \_\_\_\_\_ RENTAL TOTAL: \$\_\_\_\_\_

LENGTH OF STAY: \_\_\_\_\_ NIGHTS \_\_\_\_\_ 1-WEEK (6 NIGHTS) \_\_\_\_\_ WEEK(S) \_\_\_\_\_ MONTH(S)

DEPOSIT RECEIVED: ☐☐CREDIT CARD ☐☐CHECK CHECK NUMBER\_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

TOTAL PYMT RECEIVED: ☐☐CREDIT CARD ☐☐CHECK CHECK NUMBER\_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ OWNER\_\_\_\_\_ CHECKED-IN BY \_\_\_\_\_

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**Prior to each Renter's arrival a copy of this Agreement with all information except rental amount and credit card information must be sent to:**

**Mercato Condo Assoc. c/o Monarch Management  
231-946-6014 ph 231-946-6056 fax  
administrator@tapm-monarch.com**