

# Fort Lauderdale Apartment Rental Agreement

Please return this form via scanned e-mail to [info@american-dreamvacation.com](mailto:info@american-dreamvacation.com)

Or fax (973) 823-8700

Or mail to: American Dream Vacations, 75 Route 23 South, Franklin, NJ 07416

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip/PostaCode \_\_\_\_\_ Country \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax: \_\_\_\_\_

We will check into "Dechant Tropical Paradise" on: \_\_\_\_\_ and depart \_\_\_\_\_

We will be staying \_\_\_\_\_ nights. Approx arrival time \_\_\_\_\_

There will be a total # of \_\_\_\_\_ Adults and \_\_\_\_\_ Children (ages \_\_\_\_\_ )

Price Per Night \_\_\_\_\_ x \_\_\_\_\_ nights = \_\_\_\_\_

Extra Person Charge (\$10 per person per night) \_\_\_\_\_ persons x \_\_\_\_\_ nights = \_\_\_\_\_

End of stay Cleaning fee (if applicable) = \_\_\_\_\_

**Optional** Weekly cleaning and change of linens \$75 each time x \_\_\_\_\_ = \_\_\_\_\_

11 % Florida Tourist Tax = \_\_\_\_\_

Total Cost = \_\_\_\_\_

Deposit of 25% is due at time of reservation in order to guarantee the booking = \_\_\_\_\_  
*(if the booking is made 90 days or less prior to your check in date, full payment is due immediately)*

Balance (75% of total) is due 90 days prior to check in on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ = \$ \_\_\_\_\_  
MM / DD / YY

Credit Card (Visa or MasterCard Only) # \_\_\_\_\_

Security Code (\_\_\_\_\_) Expiration date \_\_\_\_\_ / \_\_\_\_\_

I authorize the final balance to be automatically processed using the credit card provided above.

Please contact me regarding payment details for my balance due.

Card holders signature (X) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ I will be making payment by Check. Payable to "American Dream Vacations"

Please return this form to the contact address, fax or e-mail on page 1.

I, the undersigned, have purchased a Fort Lauderdale Apartment Vacation at "Dechant Tropical Paradise" from American Dream Vacations and agree to the terms and conditions as stated below.

The apartment is located at **4040 Gault Ocean Drive Unit #801, Fort Lauderdale, FL 33308**  
This property is also known as Ocean Manor Resort

I realize that a deposit of 25% of the balance is due to confirm the reservation and that full payment is due 90 days prior to my check in date.

No additional charges will be incurred as long as:

- 1) We leave the apartment at check out time of 11:30 am, so that the cleaning crew can prepare the apartment for the next guests arrival that same morning.
- 2) No damage is done to the apartment other than normal wear and tear.

I have also been informed and agree to the cancellation policies listed below.

For cancellations 90 days or more prior to the arrival date there is a 25% cancellation fee (\$200 Minimum).

For cancellations 60 and 89 days prior to the arrival date, 50% of the total rental costs (\$400 minimum).

For cancellations 59 days or less prior to the arrival date, 100% of the total.

These fees whether or not the apartment is re-rented for the cancelled dates.

All cancellations must be made in writing to American Dream Vacations.

I agree to the above terms and conditions of the rental.

(X) \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(please print clearly)

**We strongly recommend cancellation insurance.**

We have made an investigation of various insurance companies and like what we see with **Travelex Insurance Services**. **Travelex** will ask you if you are working with an agent and what is that agent's location number. **Our agent location number is 30-6181** and you must use it if you purchase cancellation insurance for any of our products. This will give you a special American Dream Vacation page with special rates based upon our products. Their coverage is quite comprehensive and they offer many options. We recommend you look through their web site before purchasing the insurance in order to choose the specific coverage what you want