

GOOD REALTY MANAGEMENT, LLC

PO Box 3061 Durango, CO 81302 Phone 970-884-9748 Fax 970-884-9531

Email: reservation@thecambridgesuites.com

Website: www.thecambridgesuites.com

NO CANCELLATION

Weekly Rentals Credit Card Authorization Form

(3-25-10 Version)

Date _____

I hereby authorize Good Realty Management, LLC (the Agent of the Owners) to charge my credit card in the amount of _____ for unit type _____ leased at 1560 Sherman Street, Denver, CO, 80203 from _____ (noon) to _____ (noon). Cardholder also agrees that damages incurred (absolutely NO SMOKING in building), over-holding occupancy or incidental charges shall be automatically charged to the card. Nightly rates are \$ 100 + Tax.

Landlord reserves the right to upgrade Guest to a larger Unit with more amenities. See <http://www.thecambridgeapartments.com> for potential Unit types.

Rent Amount _____

Other _____

Tax @ 14.85%: _____

Total: _____

Cardholder Name: _____

Billing Address : _____

Phone Number: _____

Credit Card #: _____

CVV Code: _____

Last 3 digits from back of card

BOOKINGS ARE NON-REFUNDABLE.

Expiration Date: _____

DL Photocopy : _____

Cardholder Signature: _____

I understand the following:

- Pet Policy Agreement is attached _____.
 - I may not park in the Loading Zone at anytime.
 - This is not a full service Hotel and as such has:
 - No maid service.
 - No off street parking.
 - No 24/7 front desk/maintenance.
 - No in-room phones.
 - No continental breakfast.
 - We may show your unit to prospective renters.
 - Check out time is noon.
- No Pay Per View.
 - No Vending Machines.
 - No smoking anywhere in the units, common areas or within 30' of entrances.

Guest Signature _____

Guest Signature _____