Renter Application

L LQUITTUNIT L NON-LQUITTUNIT	☐ EQUITY UNIT	□ NON-EQUITY UNIT
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•	_	COUNTRY CLUE	
TEMPORARY ACCOUNT NUM	MBER:	DATE:	
RENTER APPLICANT NAME		SPOUSE/PARTNER	
EMAIL ADDRESS		CELL PHONE #	
RENTAL ADDRESS		LEASE: ARRIVAL & DEPARTURE DATES	
account. I understand this room, lounge, grille, or probalance due upon depar	amount will be credited toward o shops. I understand that this c ture unless an alternative pa	it card \$150.00 to open a temporary club future purchases made in the club dining redit card will be charged for any unpaid yment method is not provided. If no e applied to balance paid by credit card.	
Type of Card:	□ Mastercard □ Dis	cover	
Cardholder Name:			
Credit Card Number:		-	
Expiration Date:	Security Code:		
Billing Address:			
		ZIP	
in this authorization form an initial deposit and pay during the dates stated a debits or credits to your a credit card and that you w transactions correspond to	according to the terms outlined ment for good and services chabove and does not provide autocount. Additionally, you certify ill not dispute the payment with	assion to charge the credit card indicated above. This payment authorization is for narged to your temporary club account thorization for any additional unrelated y that you are an authorized user of this your credit card company so long as the n. After departure, any remaining unpaid e your account.	
applicable Sunrise Homeov		Country Club Rules & Regulations and ations and agrees at abide by these rules untry Club.	
Signed in agreement:		Date:	