## Suntide Island Beach Club

## **RENTAL AGREEMENT**

OWNERS:	Name _				
ADDRESS:	Street _				
	City _		State	Zip	
PHONE:	Home _		Business		
		YEAR	UNIT NO.	WEEK NO.	
	CONI	DITIONS OF RE	NTAL LISTING AGREEM	IENT	
In consideration o to rent the propert a 20% commission	y herein descri	bed at the going ren	e Island Beach Club, I herby gr tal rates. Upon the rental of this	ant (SIBC) the irrevocable right s property, I agree to pay (SIBC)	
I agree to permit S a full weekly rent		e above-described p	property by the partial week if (S	SIBC) has been unable to secure	
ONCE UNIT	Γ IS PLACED		OGRAM IT MUST REMAIN E ENTIRE WEEK.	AVAILABLE TO RENT	
		ne Service requires ( ch indicates gross re	SIBC) to furnish the owner and ental amounts.	I the Internal Revenue Service	
p	ersons unless		SIBC) to withhold 30% of all ration number is on file with (SI nount withheld.		
Signature			Date		
Social Security N	umber				
· ·			Date _		
Social Security N	umber				
		it owners must sign copy for your files	. Send original agreement form	to the address listed below.	

IT IS THE OWNERS RESPONSIBILITY TO CONTACT SIBC REGARDING RENTAL STATUS.

Return this form to: Suntide Island Beach Club Reservation Department 850 Ben Franklin Drive Sarasota, FL 34236