

**DOWNTOWN NIAGARA VACATION RENTALS
4620 BUCKLEY AVE., NIAGARA FALLS ONTARIO
RENTAL REGISTRATION FORM**

Date: _____ **Time:** _____

Name: _____ **Company:** _____

Phone Number: _____ **Work Number:** _____

Cell Number: _____ **Fax Number:** _____

Mailing Address: _____ **City:** _____

State/Province: _____ **Zip / P.C** _____

Country: _____ **Email:** _____

_____ **Automobile(s)**

Drivers License # _____ **License Plate(s)** _____

_____ **Number of Guests:** _____
For _____ Nights Stay

Arrival Date: _____ **Check-In** _____

Departure Date: _____ **Check-Out** _____

RENTAL AMOUNT: _____

14 Nights or longer small Refundable
Deposit required.

Deposit Amount: _____ **Please mark a X to one of the below Cards** _____

Payment Method: _____ **CREDIT CARD: VISA** ___ **MC** ___ **AMEX** ___

CREDIT CARD NUMBER: _____ **EXP.DATE:** _____

CARDHOLDER NAME: _____

Cardholder Signature: _____

Or

Above method of Payment Signature: _____