

Year of Rental _____
 OC _____



Little Sweden Request and Authorization to Lease

Owner(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: Home _____ Business _____

E-Mail: _____

Please Check ALL Which Are Acceptable To You.

Unit #	Week	Dates	Full Week	3 Night Weekend	Mid Week	2 Nights/ 3 Nights Min.

The undersigned hereby request and authorize **Little Sweden** to lease property described above. **Little Sweden** may rent the above property at the rate and terms stated herein, or at any other rate and terms which may be applicable at the time of rental.

If lessee makes payment by charge card, **Little Sweden** will deduct a 4.0% (or the current rate) charge card fee from the gross rent received. Owners hereby agree to pay **Little Sweden** twenty five percent (25%) commission of gross rental rate, and authorize that both amounts be deducted from the rental proceeds. Your maintenance fee covers a clean. In the event of more than one renter for your week, a \$125.00 (or current rate at time of occupancy) cleaning fee will be assessed per each additional clean. Rental proceeds are issued by direct deposit. A direct deposit form must be on file prior to putting your unit up for rent.

I understand that I may secure a tenant, but must first check with **Little Sweden** to verify that the unit has not been rented. At the time **Little Sweden** secures a confirmed renter, the owner will be notified of the rental by mail.

It is my understanding that if the week is rented, I will be unable to withdraw this authorization to lease. If, however, I advise **Little Sweden** of my decision not to lease prior to the confirmed rental of this unit week(s), it is understood that I will then be able to void this authorization.

Dated This _____ Day Of _____ Year Of _____

Owner(s) _____ Social Security # _____

Owner(s) _____ Social Security # _____

Please sign and send this agreement to: **Little Sweden**
 8984 Highway 42
 Fish Creek, WI 54212

Phone: (920) 868-9950
 Fax: (920) 868-9151