



TEMPORARY VIP HOUSING

GUEST CHECK-IN

Phone: (760) 371-1364

Fax: (760) 371-1363

Email: info@temporaryviphousing.com

NAME:		EMAIL:	
STREET:		LIST ALL ADDITIONAL OCCUPANTS:	
CITY:		CHILD(Y/N) _____	
STATE:		CHILD(Y/N) _____	
ZIP:		CHILD(Y/N) _____	
CHILD(Y/N) _____		CHILD(Y/N) _____	
CELL PHONE: <small>(NEEDED FOR LOCAL CONTACT)</small>		OFFICE PHONE:	
EMPLOYER:		DRIVERS LICENSE#:	STATE:
VEHICLE COLOR: _____ MAKE: _____ MODEL: _____ YR: _____			
DO YOU SMOKE? YES _____ NO _____	ANY PETS? YES _____ NO _____ <small>**IF SO, COMPLETE THE PET ADDENDUM FORM</small>	Payment Method (CIRCLE ONE): Cash Check C.C. Direct Bill	
SSN#:	HOW DID YOU HEAR ABOUT US?		
I AUTHORIZE ENTRY FOR HOUSEKEEPING SERVICES (If applicable) YES _____ NO _____ <i>Scheduled housekeeping (completed by front office) Day: _____ Time: _____</i>			
I AUTHORIZE MAINTENANCE TO ENTER UNIT IF SERVICE IS NEEDED: YES _____ NO _____ PLEASE CONTACT TO SCHEDULE _____ INITIALS: _____			
CREDIT CARD AUTHORIZATION: ** (Optional billing Method) **			
I, (PRINT NAME) _____, hereby authorize VIP Housing/Villa Capri to charge my Credit Card for Housing.			
C.C#: _____ Exp.: _____ CID# _____ at a rate of \$ _____ (Per Day/Week/Month)			
RATE: DAILY / WEEKLY / MONTHLY			
SIGNATURE: _____ DATE: _____			

RETURN ALL KEYS TO THE OFFICE UPON VACATING
RENT WILL ACCRUE UNTIL ALL APARTMENT KEYS ARE TURNED IN.

To be completed by the main office

Check in:	Check out:	Location:	Total:
Check in:	Check out:	Location:	Total:
Check in:	Check out:	Location:	Total:
Check in:	Check out:	Location:	Total:
Check in:	Check out:	Location:	Total: