

DATE:		OWNER ID#:	
Last Name:		First Name:	
Address:			
City:	State:	Zip code:	Country:
Telephone #:		E-mail address:	
Contract #:	Unit #:	Week #	
Check-in date:	Check-out date:	# Of nights:	

OWNER'S GUEST(S) INFORMATION

Primary Guest Last Name:		First Name:	
Address:			
City:	State:	Zip code:	Country:
Telephone #:		E-mail address:	

ADDITIONAL GUEST(S) INFORMATION

Last Name:		First Name:	
Last Name:		First Name:	
Last Name:		First Name:	
Last Name:		First Name:	
Last Name:		First Name:	

CONDITIONS FOR GUEST AUTHORIZATION:

- Guest Authorization Request is not valid without a confirmation from Paradise Beach Villas Aruba
- The owner is responsible for providing the guest with the confirmation as well as inform his/her guests of the daily taxes and the resort's rules and regulations.
- Primary Guest of Owner must be 21 years of age or older.
- Guests of Owners are required to leave a US\$ 300.00 credit card deposit upon check-in for incidental charges and/or any charges incurred due to damages to the unit/resort.
- The maximum sleeping capacity of the room may not be exceeded.
- The owners account needs to be current on all fees.
- Owner is ultimately responsible for the charges incurred by his/her guests in case of non-payment

MAXIMUM SLEEPING CAPACITY:

<input type="checkbox"/> Studio: 2	<input type="checkbox"/> 1 Bedroom: 4	<input type="checkbox"/> 2 Bedroom: 6	<input type="checkbox"/> Penthouse: 8
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DECLARATION AND CREDIT CARD AUTHORIZATION:

- As the owner of the above-mentioned contract, unit, and week, I hereby authorize my guests to use my timeshare for the dates mentioned above. I understand that this form should be filled out completely and correctly and that I should be up to date with my payments to receive confirmation. I agree with the conditions listed above.
- I authorize Paradise Beach Villas Aruba to copy my guest on the confirmation.

Authorized Signature of the Owner:

FOR INTERNAL USE ONLY

Confirmation #	Confirmed by:	Date:
Comments:		

Received by: _____