

KORDELUXE **ROW**

Luxury Suites & Studios



Guests

Adults

Children



Check-in

Date

Time



Check-out

Date

Time

Guest Name

Address

City

State

Zip code

Phone number



Payment info

Nights

Price per night

Cleaning fee

Included

Additional fee(s)

Taxes 11.77%

Deposit

\$200.00

Total due



Next steps

Please sign and return the attached rental agreement as soon as possible. Once we receive your payment in full, we will provide further instructions.

Thank you, we hope you have a fantastic stay!

Medical Tourist

Nightly Rental Agreement

This Medical Tourist nightly rental agreement is made by and between Kordeluxe Row Suites & Studios and _____ (Guest) as of the date last set forth on the signature page of this Agreement. For good and valuable consideration, the sufficiency of which is acknowledged, the parties hereby agree as follows:

1. Property

The Rental property is located at: _____ 202 W. 1325 N. CEDAR CITY, UT 84721 / UNIT # _____

(e.g. appliances, amenities and other provided items such as towels, linens, sports equipment, etc.)

2. Maximum occupancy

The maximum number of guests is limited to 2 in Studios / 4 in Suites, including 2 children. An additional charge of \$ 50.00 per person per night for guests in addition to 4 will be assessed.

3. Term of the lease

The Nightly rental lease term begins at: 3 PM on _____ (“Check-in Date”) and ends at 11 AM on _____ (the “Check-out Date”).

Failure to adhere to the check-out time may result in an additional late fee set at \$ 50.00 unless discussed in advance of the stay.

4. Minimum stay

This property requires a 1 night minimum stay. _____

5. Rental rules

Guest agrees to abide by the Rental Rules (attached to this agreement) at all times while at the property, and shall cause all members of the rental party and anyone else Guest permits on the property to abide by the following rules at all times while residing at the property.

6. Access

Guest shall allow Kordeluxe rep access to the property for purposes of repair, inspection or emergency. Kordeluxe rep shall exercise this right of access in a reasonable manner by giving at least hours notice (unless in case of emergency).

7. Rental rate and fees

A. Deposit: A deposit of \$ is due at least day prior to the Check-in Date.

OPTION A.

The deposit is for security purposes and will be refunded within days of the Check-out Date, provided no deductions are made due to:

- i. damage caused to the property or furnishings;
- ii. dirt or other mess requiring excessive cleaning; or
- iii. any other cost incurred by Kordeluxe due to Guest's stay

***Worry Free, Medical Tourism Nightly Rental property damage insurance coverage.** Whether or not you have your own travel insurance, to help ensure you have a worry-free stay we include nightly rental property damage insurance with each stay. We understand that accidents happen, to help you rest peacefully our property damage coverage can help cover your stay against certain losses, to a limited cost. If this coverage is used, \$100 of your damage deposit will be used to cover the policy deductible.

Nights	
Price per night	STUDIO \$199.00 / SUITE \$399.00
Cleaning fee	<i>Included</i>
Additional fee(s)	
Taxes	11.77%
Deposit	\$200.00
Total due	<input type="text"/>

8. Cancellation policy

If Guest wishes to cancel the reservation, the deposit will be refunded as follows:

100 % if canceled 2 days prior to the Check-in Date .

80 % if canceled 1 days prior to the Check-in Date .

The Kordeluxe rep may also be entitled to cancel the Guest stay if house rules are broken during rental period.

9. Travel Insurance

We encourage all renters to purchase traveler insurance in case of unforeseen circumstances, accidents or other issues that may prohibit Guest from traveling or fulfilling rental terms.

10. Payment

Acceptable payment methods are: **credit card**, .

All payments, unless otherwise specified, will be processed on .

the URL: KORDELUXE.COM

Manual PayPal requests will be made from the account with email address: INFO@KORDELUXE.COM

For other manual payments, please contact us directly to administer these.

Email address: INFO@KORDELUXE.COM

Phone number: 435-586-1003

11. Animal Policy (No Animals Allowed)

The fundamental nature of this Premises is to provide a clean and safe environment for patients that are receiving medical care and/or are recovering from a medical/surgical procedure. It is critically important that the Premises is kept as clean and sanitary as possible. Having animals in the Premises or on the Premises will fundamentally alter the nature of Kordeluxe business; as such, no animals are allowed (even temporarily) anywhere in or about the Premises. If an animal has been in the Premises at any time during the Guest's stay, the Guest shall be charged for all costs pertaining to damage to the Premises, de-fleaing, deodorizing, and/or carpet shampooing / replacement to protect future residents from possible health hazards. If Guest or any occupant is found to be in possession of any animal, Guest may be charged a fee of no less than **\$500 per incident**, in addition to the foregoing charges for damages and cleaning. **Upon notice of Guest having an animal on the Premises, Guest's stay will be immediately terminated without any refund.**

12. Smoking/Vaping Policy (No Smoking or vaping on property)

Smoking / Vaping. Neither the Guest nor any other person shall be allowed to smoke within or on the Premises. Guest agrees to refrain from burning candles or incense, and the use of electronic cigarettes, personal vaporizer, or electronic nicotine delivery system inside or outside the Premises. Any violation shall be deemed a material violation of this Medical Tourism Nightly Rental Agreement. Guest understands that smoke from any substance will be considered damage. **Guest agrees to pay a minimum of \$500 for any damages related to smoke from any substance.**

13. Damages

Guest is solely responsible for the cost of all repairs made necessary by Guest, and all others persons on Kordeluxe property on Guests behalf, violation of this Vacation Rental Agreement or the negligent or careless use of the Premises including without limitation damage from waste water stoppages caused by foreign or improper objects in lines serving the bathroom used by Guest, damages to furniture, appliances, doors, windows or screens, damage from windows or doors being left open and repairs or replacements to security devices necessitated by misuse or damage by Guest. In addition, Guest will be solely liable for all damages to any furnishings provided in Premises.

The parties agree to the terms of this Medical tourism nightly rental agreement, as evidenced by the signature set forth below. By my signature below, I hereby give my permission to charge my credit card for the amounts above. I agree that all rental fees are non-refundable per cancellation policy above. I am aware of my rights to purchase travel insurance.

Guest Signature (Electronic or physical signature acceptable)

Printed Name

Date

Phone number

Thank you for you patronage. Please enjoy your stay.