



GUEST APPLICATION

Royal Palms RV Resort does not discriminate on the basis of race, sex, religion, nationality, disability, age, veteran's status or any other classification protected by law.

Date: _____

Estimated Arrival Date: _____

General Information:

Name: _____

Present Address: _____

City: _____

State: _____

Zip: _____

Telephone at Present Address: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____

State: _____ **(please attach copy of driver's license for verification purposes)**

Previous Address: _____

List name, age and relationship of all other persons authorized (Other Occupants) to occupy the recreational vehicle:

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Employment History (Primary Guest Only):

Name & Address of Present Employer: _____

Position Held with Present Employer: _____

Length of Employment with Present Employer: _____

Supervisor's Name and Telephone Number: _____

Work Number and Fax Number: _____

Rental/Criminal History (Primary Guest and all Other Occupants):

Primary Guest:

Name & Address of Present Landlord: _____

Telephone No. of Present Landlord: _____

Date Moved In: _____ Date Moved Out: _____

Name & Address of Previous Landlord (immediately prior to Present Landlord): _____

Telephone No. of Prior Landlord: _____

Date Moved In: _____ Date Moved Out: _____

Other Occupants:

Name & Address of Other Occupants: _____

Telephone No. of Other Occupants: _____

Has either Primary Guest or any Other Occupant(s) (listed above) ever (check if applicable):

_____ Been evicted or asked to move out?

_____ Broken a rental agreement or lease contract?

_____ Been or are currently delinquent to a previous landlord?

_____ Received deferred adjudication for a Felony?
_____ Been convicted of a Felony?

Vehicles:

List all vehicles to be parked on property:

Type of RV: _____ Length: _____ Year: _____ License No. _____
State: _____ Slideout(s)? ____ Yes or _____ No If yes, how many: _____
Any lien(s) on the RV ____ Yes or ____ No If yes, list the name and address of lienholder(s) _____
Make of vehicle: _____ Year: _____ License No. _____ State: _____
Make of vehicle: _____ Year: _____ License No. _____ State: _____

Emergency:

In case of emergency, notify:

Name: _____ Home Ph. No.: _____
Address: _____
Work Ph. No.: _____ Relationship: _____

Pets:

Will a pet be staying on the site: ____ yes ____ no.
If yes, please list the type, breed and weight of pet: _____

***** ALL BLANKS MUST BE FILLED IN WITH REQUESTED INFORMATION**

The undersigned Primary Guest, and all Adult Other Occupants represent that all of the above information is true and complete and authorize the verification of same by any means. Primary Guest and all Adult Other Occupants acknowledge that an investigative consumer report including information as to the character, general reputation, mode of living, whichever is applicable, may be made. Anyone on which a consumer report is made has the right to request additional disclosures and a written summary of the rights of a consumer under the Fair Credit Reporting Act. False information given shall entitle RV Park to: (1) reject this application; (2) retain the deposit in accordance with the site rental agreement; and (3) terminate Primary Guest's right of occupancy in accordance with the site rental agreement. False information may also constitute a serious criminal offense under the laws of this State.

Dated effective as of the date written below.

Primary Guest:

By: _____
Printed Name: _____
Date: _____

RV Park: Royal Palms RV Resort

By: _____
Name: Brittany Baltzell
Title: Office Manager
Date: _____

Adult Other Occupant(s):

By: _____ Printed Name _____ Date: _____

FAX TO _____

MAIL TO _____