

# Fair Market Services

6346 Rowan Road, New Port Richey, FL 34653

Toll Free: (877) 354-7413 Fax: 727-848-3204

Web Address: [www.fmsone.com](http://www.fmsone.com)

Email: [info@fairmarketservices.com](mailto:info@fairmarketservices.com)

## Advertising Agreement

### **Ownership Information**

**IDENTIFICATION NUMBER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Owner Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_ Work: \_\_\_\_\_

### **Resort Information**

Resort Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Week #: \_\_\_\_\_ Points: \_\_\_\_\_ Floating: \_\_\_\_\_ Annual: \_\_\_\_\_ Biennial: \_\_\_\_\_ Bed: \_\_\_\_\_ Bath: \_\_\_\_\_ Sleeps: \_\_\_\_\_ Lock off: \_\_\_\_\_

Listing Price: \$ \_\_\_\_\_ Maintenance Fees: \$ \_\_\_\_\_ Comments: \_\_\_\_\_

### **Payment Information Section**

Authorize to market for 12 months for \$499.00

**Visa:** Credit  Debit  **MasterCard:** Credit  Debit  **Discover:**

Name on card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Credit Card Number:  CVv2:

I, the undersigned, have authorized Fair Market Services (hereinafter referred to as "FMS") to charge a one-time, non-refundable advertising/marketing fee for rental as noted in the "payment information" section of this agreement to be charged to the credit card number as listed above.

I hereby grant permission to FMS to represent me when contacting my resort in order to obtain any pertinent information concerning my unit.

I authorize FMS to provide information to interested buyers and real estate brokers. I agree to allow FMS to represent my timeshare at promotional shows, trade shows, conventions and/or any other advertising mediums. Owners(s) agree to notify FMS of any changes in availability of my timeshare. It is owner(s) responsibility to review agreement for accuracy. Please correct any errors at time of signing this agreement and the credit card receipt and return in the envelope provided to owner(s) by FMS. FMS will advertise owner(s) timeshare, as listed above, for twelve (12) months. Pursuant to Florida Statute 501.615, purchaser may give notice of cancellation to FMS in writing within three (3) business days after receipt of the confirmation to Fair Market Services 6346 Rowan Rd., New Port Richey, FL 34653.

Fair Market Services registration number: TC3729, Salesperson registration number: TP \_\_\_\_\_.

Salesperson name: \_\_\_\_\_.

You are not obligated to pay any money unless you sign this contract and return it to the commercial telephone seller.

Owner Signature: \_\_\_\_\_ Co-owner Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_