

NEW HORIZONS EXCHANGE DEPOSIT FORM

Resort Owned: _____

Unit/Week # on your maintenance fee bill _____ Unit Size: _____ Bedroom(s) _____

Owner's Name/Address

Best Contact Phone #: _____

NHE Office:

Unit/Week to be deposited _____

Year deposited _____

Please read this extremely important information:

When you deposit the use of your week with New Horizons Exchange, you warrant that you have paid all maintenance fees and any other assessments with respect to the deposited time; that you are legally entitled to deposit this time and that you have not committed and will not commit this unit and/or time to any other use than New Horizons Exchange. This deposit entitles you to a credit of a week for an exchange up to 2 years after the above deposit date in accordance with the current terms, conditions and procedures for New Horizons Exchange.

You may not deposit your week with more than one exchange company at a time, in any use year, as this will cause an overbooking of your unit. Any expenses incurred to an inbound guest, denied access to your week as a result of a double banking, New Horizons Exchange or your home resort will be your responsibility. New Horizons Exchange must receive this deposit at least 30 days prior to the start of date of the week deposited.

MEMBERS RELEASE ASSIGNMENT

(Please sign and return ASAP to the fax # or address below)

Owner Signature: _____ Date: _____

Owner Signature: _____ Date: _____

RESORT VERIFICATION

(To be completed by authorized resort representative)

The Owner(s) listed above have banked their week with New Horizons Exchange for exchange purposes. Please verify and acknowledge that the information is correct and that the maintenance fees are current. Also please acknowledge, according to our records at the time of receiving this notice, the Owner(s) has not deposited or assigned the unit with another exchange for rental company.

Your cooperation is appreciated and we look forward to receiving your fax. If you have any questions, please do not hesitate to contact New Horizons Exchange at the above numbers.

Authorized Signature: _____ Date: _____

Printed Name _____

Thank you for your valuable time.

Our Fax # is 386-236-1089. Our Phone # is 386-236-1088
Address: 722 S. Atlantic Avenue, Ormond Beach, FL 32176