



**SCI DOMAINE DE CLAPAREDES
LE VATAN, 84400, SAIGNON, FRANCE**

RENTAL CONTRACT

CLIENT NAME:

CLIENT ADDRESS:

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CLIENT TEL:

FAX / EMAIL:

HOUSE NAME:

ARRIVAL DATE: (day) (month) (year)

DEPARTURE DATE:

NO OF WEEKS:

TOTAL AMOUNT:

DEPOSIT PAYABLE:

PAYMENT METHOD:

CLIENT SIGNATURE:

DATE: