



Crown Exchange, Post Office Box 1680, Ocean Springs, MS 39566
 •Phone 1-877-26CROWN •E-mail: acctserv@crownresortltd.com
 •Fax 228-875-0656 •
 Please visit us at: www.crownresortsltd.com

◆ Deposit Form ◆

Account # _____ Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ E-Mail _____

The Vacation week being deposited with Crown Exchange is located:

Location Name _____ Resort Name _____

Unit# _____ Week# _____

1 bedroom 2 bedroom 3 bedroom

Dates: From _____ To _____ Red White Blue

Instructions:

1. You must complete a separate Deposit Form for each week being deposited.
2. All Maintenance fees and assessments must be current for each week being deposited.
3. You must return this form at least 30 days prior to the start of the week being deposited.
- **4. By submitting this Deposit Form, you are authorizing Crown Exchange to use the deposited week in any manner it desires and hereby give up all rights to the use of the week. In addition, you are verifying that all information given about the deposited week is correct and that no other arrangement or authorization has been given to any other exchange company, Real Estate Company, advertising and marketing company, or individual for the use of the vacation week deposited.
5. Please mail, fax, or e-mail completed and signed Deposit Form to Crown Exchange using the information listed above.
6. Please **do not send the \$99.00** fee with form(s). The fee is not due until confirmation of another week.

I have read and understand the terms and conditions of Crown Exchange and agree to such terms and conditions.

 Owner's Signature (must be signed to be valid)

Crown Exchange Use Only

Date Request Received _____

Ownership Verified? Yes No

Owner Signed? Yes No

Dues/Assessments paid? Yes No