

# New Horizons Exchange Deposit Form

Resort Owned: \_\_\_\_\_

Resort's City/State: \_\_\_\_\_

Unit/ Week # from maintenance fee bill or Acct # \_\_\_\_\_ Unit Size: \_\_\_\_\_ Bedroom(s)  
(This is for verification purposes only)

Owner's Name/Address: \_\_\_\_\_  
\_\_\_\_\_

Year deposited \_\_\_\_\_

NHE Office:  
Unit/Week to be deposited \_\_\_\_\_

Best Daytime Contact Phone #: \_\_\_\_\_

## 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.**

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## RELEASE ASSIGNMENT

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

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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, could you verify and acknowledge that the information is correct and that the maintenance fees are current. Also, according to your records at the time of receiving this notice, the Owner(s) have not deposited or assigned the unit with another exchange or 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: \_\_\_\_\_

## RETURN TO:

Fax # is 386 236 1089. or EMAIL to [Mary@TravelNHE.com](mailto:Mary@TravelNHE.com)

Address: 240 S. Atlantic Ave., Ormond Beach, FL 32176

386 236 1088 Phone

**Thank you for your valuable time.**