

QM Corporation/Interval Management
515 Nichols Blvd.
Sparks, NV 89431
(800) 821-4912/FAX (775) 355-4081
e-mail: nancy@qmcorp.com

"USE WEEK" DEPOSIT FORM

I wish to deposit the following:

Dates Resort Reservation# Size/Occupancy

I warrant that I have paid all maintenance fees and other assessments in full as required by the resort, with respect to the time I am releasing, and that I am legally entitled to authorize the use of this time. I further state that I will not personally use and "deposit" listed above. Each "deposit" above is relinquished to QM Corporation/Interval Management exclusively and HAS NOT AND WILL NOT be committed to the use of another person or company.

This deposit/release form is irrevocable without written authorization from QM Corporation/Interval Management.

PLEASE FILL OUT COMPLETELY

(THIS FORM WILL NOT BE ACCEPTED WITHOUT PHONE NUMBER, SIGNATURE AND DATE)

NAME: _____ OWNER# _____

ADDRESS: _____

PHONE DAY: _____ CELL: _____

PRINT NAME: _____ SIGN _____ DATE _____

EMAIL: _____

Above exchanged week is valid for 1 week at a \$59 exchange fee. Banked week will be valid for use up to 3 years from the check-in date of deposited week.

Office Use Only

Agent taking in exchange _____	Date: _____	
DE ID#: _____	Verified Date: _____	Filed: _____
Mailed Copy: _____	Expiration Date: _____	