

Portland Seaview Pty Ltd Licensed Estate Agents

Directors: Allan Barrett, Gail Barrett & Wayne Barrett ABN: 65120149760 125 Percy Street, Portland VIC 3305 www.portlandseaview.com.au

conduct the inspection.

Signed by Renter: \_\_\_\_\_

Date:

Name:

Officer in effective control: A. K. Barrett MEMBERS OF THE REIV P: (03) 5523 3822 F: (03) 5523 3386 enquiry@portlandseaview.com.au

## RENTER BREAK LEASE APPLICATION

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Prope	rty:					
1.	In accordance with the Residential Tenancies Act (1986) I/We hereby give notice to vacate the above premises.					
2.	<ol> <li>I understand that I am breaking my lease and am responsible for rent payments until the lease ends or until the new renters lease commences (whichever comes fir even if I have physically vacated the property prior to that date.</li> </ol>					
3.	I understand that I am responsible for payment of a break lease fee of the equivalent to 1 weeks rent + GST. I will be invoiced for this amount and must pay the invoice amount immediately.					
4.	I/We intend to move out of the property on					
	e Number/s:					
Email	/s:					
5.	I/We give consent to the Agent on behalf of the Residential Rental Provider to have the property shown to prospective renters prior to my/our vacation. This includes both private inspections and open homes.					
6.	I/We understand and agree that notification for upcoming inspections (both private and open house) will come to us in the from of SMS message on the above provided mobile number. This is the form of notice that Seaview Real Estate provides, if you do not agree you must advise an alternative form of communication when handing in this form.					

7. I/We understand and agree that if the agent attends the property for a pre-arranged inspection and we are not home they will use the spare keys to enter the premises and



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## **BREAK LEASE FEE FORM**

As you intend to break your lease, the rent and break lease fee will need to pay before you vacate the property.

We have three options for you, as a form of payment. Please tick ONE of the following options below and fill details as required:

Pay	Via Credit C	ard:							
CHOOSE YOUR PAYMENT METHOD									
	Debit from Credit	Card MasterCard [	AMEX			CCV:			
	Card Number:				Expiry Date:	/ M M	Y Y		
	Name <mark>of</mark> Cardholder:								
Pay Via Bank Account Details:									
	Debit from Bank, Building Society or Credit Union Account								
	Financial Institution:			Branch:					
	BSB Number:			Account Number:					
	Account Holder Name:								
	I/We authorise Global		96 543 (User ID No 342190, 342191, 428198 nic Clearing System (BECS) in accordance v		Financial Institution identified	d above through th	ie Bulk		
Pay via Ezidebit (Direct Debit): Only Applicable if you pay your rent this way.  Upon signing this form, you are agreeing for us to take payment today of the one weeks rent plus GST.									
Sigi	nature:			_ Date:			_		