

# CREDIT CARD AUTHORIZATION FORM

I authorize \_\_\_\_\_ (**facility name**) to keep my signature on file and to charge my credit card account listed below, in the amount of \$\_\_\_\_\_ on the rental due date and/or contract date of each month, beginning \_\_\_\_\_ and ending when I vacate my unit(s) or cancel this agreement. I understand that this form is valid until I cancel the authorization thirty- (30) days prior to vacating through written notice to \_\_\_\_\_ (**facility name**) located at \_\_\_\_\_ (facility address).

I authorize \_\_\_\_\_ (**facility name**), to keep my signature on file and to charge my credit card account listed below in the event I may call and ask the management to do so. I understand that management cannot charge my card for accounts over thirty- (30) days past due, or upon vacating my unit.

\_\_\_\_\_  
CUSTOMER'S NAME

\_\_\_\_\_  
UNIT NO.(s)

MC \_\_\_\_\_ VISA \_\_\_\_\_ AE \_\_\_\_\_ Discover \_\_\_\_\_

(List Other): \_\_\_\_\_

\_\_\_\_\_  
CARDHOLDER'S NAME IF DIFFERENT

\_\_\_\_\_  
ACCOUNT NUMBER

\_\_\_\_\_  
CARDHOLDER'S BILLING ADDRESS

\_\_\_\_\_  
XX/XX (Month/Year of Expiration)

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE

\_\_\_\_\_  
CARDHOLDER'S PHONE #

\_\_\_\_\_  
DATE