



**AUTHORIZATION AGREEMENT FOR CREDIT/DEBIT CARD PAYMENT**

COMPANY NAME: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

CARD HOLDER NAME: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE (MM/YY): \_\_\_\_\_ CSV: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

I (we) hereby authorize Lexington Park Properties to initiate a debit/credit entry to my (our) credit/debit card as indicated.

This authority is for a:

\_\_\_\_\_ one time credit/debit of \$\_\_\_\_\_ and will not remain for recurring payments.

Or

\_\_\_\_\_ Recurring payment of account balance

NAME(S): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please submit this form to the billing office at:**

Email: [info@lexingtonparkproperties.com](mailto:info@lexingtonparkproperties.com)

Fax: 800-385-6829

Lexington Park Properties 18141 W. Catawba Ave. Cornelius, NC 28031

[www.LexingtonParkProperties.com](http://www.LexingtonParkProperties.com)