



Apartment Homes LLC.,

5235 South MacDill Ave Tampa Fl. 33611

Credit Card Authorization Consent Form

I, _____ hereby authorize The Artisan
Apartments LLC., to charge my credit card for _____.

Type of Card: Visa MasterCard Discover Amex

Credit Card Number: _____

Expiration Date: _____

CVV Code (Back of Card): _____

Name of Cardholder: _____

Credit Card Billing Address: _____

Total amount to be charged: _____ \$ (US Dollars)

Authorized Signature of Cardholder: _____

By signing this, I acknowledge the charges described on this form, assume full responsibility for said charges, and agree to honor and abide by the terms of payment. I acknowledge and accept The Artisan Apartments, LLC Terms and Conditions.

Signature: _____ Date: _____