

THE OAKS ON AZEELE CREDIT CARD
AUTHORIZATION CONSENT FORM

I, _____ hereby authorize **The Oaks 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 Oaks on Azele Apartments, LLC Terms and Conditions.

Signature: _____ **Date:** _____