

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting our office. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ___ MasterCard ___ Visa ___ Discover ___ Other
Cardholder Name: (as shown on card): _____
Card Number: _____
Expiration: ____/____ CVV: _____
Billing Zip code: _____

I, _____, authorize Tri-County Property Management & Associates, LLC to charge my credit card above for agreed upon purchases/services. I understand that my information will be saved to file for future transactions on my account. All information is stored using encryption and no representative or agent will be able to access the full card number once card is stored in the account.

Client Signature

Date