



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): _____

SIGNED X: _____ DATE: _____

SIGNED X: _____ DATE: _____

Please submit this form to the billing office at:

Email: info@lexingtonparkproperties.com

Fax: 800-385-6829

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

www.LexingtonParkProperties.com

