

CREDIT CARD AUTHORIZATION

| NAME: | | | | |
|--|---|--|--|----------------------------------|
| UNIT ID: | MOVE-IN DATE: | | | |
| TYPE CREDIT CARD: | EXPIRATIO | ON: | | |
| CREDIT CARD #: | | | | |
| WE ACCEPT VISA, MASTERCARD AN | ID AMERICAN EXPRESS. | | | |
| CREDIT CARD BILLING ADDRESS: | | | | |
| NAME APPEARING ON CARD: | | - | | |
| I,above listed credit card number. Do unless my account becomes 15 or rotherwise, I understand that my cromove-out. It is my responsibility to receipt of these charges. | o not charge my credit card for rea more days past due. If alternative edit card will be charged if damag | ntal charges or any otl payment arrangemen es or theft are assesse | her miscellaneous fees or ts have not been agreed ed from my rental occupa | r deposits upon incy after |
| PLEASE SEND A COPY OF YOUR DRI | | COMPLETED FORM. | | |
| Card Holder's Signature | Date | | | |
| The Card Holder intends and agrees Holder's signature shall be treated evidence and "best evidence." | | • • • | | |