

*****RECURRING PAYMENTS*****
CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE BY FAX: (601) 932-1949, EMAIL: regina@lmhomes.net OR BY REGULAR MAIL.

NAME: _____

Cardholder Name: _____ Signature: _____ Today's Date: _____

Credit Card Address: _____

Email Address: _____

Phone #: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMERICAN EXPRESS

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back/front of the credit card): _____



Amount Charged: \$ _____ (USD) *****You have chosen the "Recurring option".
Therefore, this is the amount that your credit/
debit card will be charged each month.**

Apply Amount to: _____ Account Number (located on top right corner of statement)

_____ Street Address

FAX or send the authorization to: Patrick Farms Management Company
Attention: Regina Young
P.O. Box 12004
Jackson, MS 39236
Phone (601) 932-2121 Fax (601) 932-1949

****Please note that by signing this form, you are giving Patrick Farms Management Company the authority to charge the above listed credit/debit card for the amount indicated each month until we receive a written request to stop. *****