

# AHI Properties

## Credit Card Authorization Form

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Date \_\_\_\_\_

Card Type? \_\_\_\_\_ (MasterCard, VISA)

Is this a check or debit Card? Yes \_\_\_\_\_ No \_\_\_\_\_

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|                    |             |                 |          |
|--------------------|-------------|-----------------|----------|
| Card Holder's Name | Card Number | Expiration Date | CID Code |
|--------------------|-------------|-----------------|----------|

|  |  |
|--|--|
| Credit Card Billing Address (REQUIRED):<br>_____ | Please mail receipts: Yes _____ No _____<br>Address: _____ |
|--|--|

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Authorized Charge Amount: \$ \_\_\_\_\_

**NOTE:** AHI charges a 3% fee on all credit/debit card transactions. This fee (3% of the Authorized Charge Amount above) will be added to your Authorized Charge Amount above.

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By signing below, I understand, agree to pay and specifically authorize AHI to charge the credit card indicated above for the authorized charge amount indicated above. I warrant that I am legally authorized to enter into this credit card authorization. I agree and understand that in the event this credit card is invalid, I will provide AHI with a new valid card for any outstanding balances due AHI.

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Signature and Date of the Cardholder or Authorized Purchaser