

# Debit/Credit Card Authorization Form

Date \_\_\_\_\_

Card Type? \_\_\_\_\_ (Discover, Diners Club, MasterCard, VISA or American Express)

Is This a Check or Debit Card? Yes \_\_\_\_\_ No \_\_\_\_\_

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Cardholder's Name	Card Number	Expiration Date	CID Code
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Credit Card Billing Address (REQUIRED): \_\_\_\_\_ Please Mail Receipts: Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_

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Authorized Charges (Initial or Check)	<input checked="" type="checkbox"/> Security Deposits
	<input checked="" type="checkbox"/> Rent
	<input checked="" type="checkbox"/> Late Charges
	<input checked="" type="checkbox"/> Damages
	<input checked="" type="checkbox"/> Utility Costs Over Established Allowances
	<input checked="" type="checkbox"/> Long Distance
	<input checked="" type="checkbox"/> NSF Fees
	<input checked="" type="checkbox"/> Cleaning Fees
	<input checked="" type="checkbox"/> Pet Fees
	<input checked="" type="checkbox"/> All Other Lease Agreement Fees

By signing below, I understand that this Authorization Form is signed as an inducement to enter into a separate Lease Agreement and that this Authorization Form cannot be released during the term of said Lease Agreement.

By signing below, I acknowledge that I am responsible for payment in full for all Authorized Charges (above) associated with the Lease Agreement and authorize my debit/credit card to be charged, as follows.

- I prefer to pay by debit/credit card so charge all Authorized Charges to my debit/credit card.
- I prefer to pay by check but charge all past due Authorized Charges to my debit/credit card.

Note: If neither of the above two options is selected, the first option shall be the default.

By signing below, I warrant that I am legally authorized to enter into this debit/credit card authorization. I agree and understand that in the event this debit/credit card becomes invalid, I will provide a new valid card for all outstanding balances due.

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Signature and Date of the Cardholder or Authorized Purchaser