

Credit Card Payment Authorization



Transaction Amount: \$ _____

*Transaction Fee Below

Payment type: _____

(Ex. Lease Payment, Sec. Dep, Application Fee)

Card Number: _____

Card Expiration Date: _____

Month / Year

CVV2 Number: _____

Last three digits on the back of Credit Card (4 digits on front for AMEX)

Cardholder's information:

First Name: _____

Last Name: _____

Residents Information:

(If the same as Cardholder, please disregard)

First Name: _____

Last Name: _____

Billing Information (Address where statement is mailed):

Address: _____

City: _____

State: _____

ZIP/Postal Code: _____

Signature _____

E-Mail (For Receipt): _____

Property Manager Use Only

Property Mgmt Company: _____

*Unit Number: _____

*Please include the unit number if applies

Property Address: _____

Property City: _____

Property State: _____

Property Zip/Postal: _____

*3% service fee for MasterCard/Discover

*4% service fee for American Express

*\$22.95 service fee for VISA

** Additional \$1.00 for payments below \$200.00