

Credit Card Payment Authorization Form

This Form Excludes Any Rental Payments

Transaction amount: \$ _____ Payment type: _____
(Please do not include the transaction fee) (Ex. Application fee)

Card Number: _____ (Visa or MasterCard)

Card Expiration Date: ____ / 20 ____

CVV2 Number: _____
(3 digits on back of credit card)

Cardholder's Information:

First Name: _____

Last Name: _____

Resident's Information:

First Name: _____

Last Name: _____

Billing Information (address where statement is mailed):

Address: _____

City: _____

State: ____ Zip/Postal Code: _____

*A copy of the front and back of card must be submitted with this form in order to be processed.

I agree to the charges detailed above and I understand that each payment through Real Property Management will incur a \$4.00 fee. I will not dispute this charge.

Cardholder Signature: _____ (Type Name)

You consent and agree that the above digital signature constitutes your signature, acceptance and agreement as if actually signed by you in writing.

Property Management Use Only

Property Address: _____

Property City: _____ State: ____ ZIP/Postal Code: _____

PLEASE FAX TO: 281.727.0347