CREDIT CARD AUTHORIZATION

Name:		Unit No	·:
CREDIT CARD INFORMATION:			
Name exactly as it appears on card:			
Credit Card Billing	Address:		
City, State, Zip, Co	untry		
Visa	☐ MasterCard		
Credit card number			
Expiration Date:		_ CVS Code:	
I authorize Multiple Financial Services Inc. to charge the above-referenced credit card for (check all that apply):			
\$	Monthly Rent		
\$25.00	Late Fee		
\$30.00	NSF Fee		
⊠ \$	4% Processing fee for transaction amount		
□ \$	Other Charge (Please Sp	ecify :)
Card Holder Signat	ure	Date	
credit card for my n this transaction will	y Rental Payment Multiple Financial Services, nonthly rental payment indi- be processed on the day re- y, the transaction maybe pre-	cated below. It i ent is due. If this	s my understanding that s day should fall on a
This authorization vany changes.	will be valid until I notify Mu	Itiple Financial S	services, Inc. in writing of
\$	Monthly Rental Payment	\$	4% Processing Fee
Card Holder Signat	cure	Date	