

CREDIT CARD AUTHORIZATION

Name: _____ Unit No.: _____

CREDIT CARD INFORMATION:

Name exactly as it appears on card: _____

Credit Card Billing Address: _____

City, State, Zip, Country: _____

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

\$ _____ Late Fee

\$ _____ NSF Fee

\$1 _____ **4% Processing fee for transaction amount**

\$25 _____ Other Charge (Please Specify: Application Fee)

\$26 _____ Total to be Charged

Card Holder Signature

Date

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