

Credit Card Payment Authorization



Amount* \$:

Payment type:

(Ex. Security Deposit, Application Fee payment, etc...)

Card Number:

Expiration Date:

Month / Year

CVV2 Number:

(Security number) the last three digits on the back of Credit Card or the four digit on front of American Express

Cardholder's information

First Name:

Last Name

Billing Information (Address where statement is mailed)

Address:

City:

State:

ZIP/Postal Code & Country:

e-Mail (For Receipt):

Tenant Information

(If the same as Cardholder, please disregard)

First Name:

Last Name

Management Company:

Property Address:

Apt. Number:

*To be assigned by Mgr. or leasing agent only

Property City:

Property ZIP:

Phone Number:

I, the cardholder for the credit/debit card above authorize Consolidated Asset Management to debit my credit/debit card for the amount above and the convenience fee.

Signature:

Date:

Please include the following in addition to this authorization form:

- Copy of Credit Card used
- Copy of driver's license or passport matching name on credit card used

*A 2.4% convenience fee will be added to the payment amount