



CREDIT CARD AUTHORIZATION

Phone: (760) 371-1364

Fax: (760) 371-1363

Email: info@temporaryviphousing.com

Please complete form and email or fax to (760) 371-1363

Card Type:

Discover

MasterCard

Visa

AMX

Other _____

Is this a check or debit card? Yes No Which Type? _____

Card Holders Name: _____

Credit Card Number: _____ Exp. Date: _____ CID Code: _____

Credit Card Billing Address:

Assigned Apartment(s):

I, _____, hereby authorize the following charges to be debited from the debit or credit card listed above,

Please **check** the appropriate statements below:

All unpaid rents, late fees, damages, & other fees on or after the tenth day of the month (Required).

All deposits

The first week/month's rent

Each weeks/month's rent

Long distance charges

Housekeeping (If requested)

Other (Specify): _____

Payment for the apartment rents and/or unauthorized apartment services including long distance is due on demand in cash, check, or approved credit card. This authorization has been signed as an inducement to entering into a lease agreement with **Temporary VIP Housing** and cannot be released in the term of the original lease agreement. Rents, late fees, and other fees unpaid on or after the tenth day of the rental due date will be automatically charged to the credit card.

Signature and date of the cardholder Or Authorized Purchaser Date _____