

# CREDIT CARD AUTHORIZATION FORM

When a tenant is not able to have the credit card present to bill for any payments over \$100.00 we need to obtain authorization. you must complete and fax the form below back to us.

## ***Instructions***

1. Complete the form by printing legibly with a dark pen, all local and permanent billing information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. Fax all this form, along with the photocopy of the signed credit card, back to us toll free to our secure fax machine at **1-813-226-6000** to complete the payment.

I, \_\_\_\_\_, hereby authorize Anthony J. Pita of Casablanca Properties to charge my credit card account in the amount of \$\_\_\_\_\_ (plus fees and/or taxes, if applicable).

Type of Card: VISA MASTERCARD AMERICAN EXPRESS or DISCOVER

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVC Code (last three digits on the number on the back of the card) \_\_\_\_\_

## **Credit Card Billing Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

## **Local Property Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

As the credit card holder, I hereby authorize Casablanca Properties to charge this account for the services provided at the address indicated above.

Cardholder's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by CASABLANCA PROPERTIES./Pitagroup**

**Complete and fax all documents required to: 1-813-226-6000**

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