

# CREDIT CARD AUTHORIZATION FORM



Type of Card: VISA ☐ MASTERCARD ☐

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

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSV (3 digit number on back of card): \_\_\_\_\_

Amount to Charge: \_\_\_\_\_

Managed Property Address: \_\_\_\_\_

Phone: \_\_\_\_\_ day  
\_\_\_\_\_ evening

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

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Approved: \_\_\_\_\_ Declined: \_\_\_\_\_

Entered by (initial): \_\_\_\_\_ Date: \_\_\_\_\_

Please return to [pm@judgefite.com](mailto:pm@judgefite.com)