

CENTURY 21[®]

Judge Fite Property Management

CREDIT CARD AUTHORIZATION FORM

PLEASE FAX BACK TO C21JFPM @ (972) 780-5392

NAME ON CARD: _____

BILLING ADDRESS: _____

DAYTIME TELEPHONE#: _____

EVENING TELEPHONE#: _____

CREDIT CARD#: _____

TYPE OF CARD: (circle one) VISA MASTERCARD

EXPIRATION DATE: _____

CSV# (3 digit# on back of card): _____

AMOUNT APPROVED TO CHARGE: \$ _____

ADDRESS TO APPLY PAYMENT TO: _____

SIGNATURE

DATE

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

APPROVED: _____ DECLINED: _____

ACCOUNT: _____ PROPERTY ID: _____