

CREDIT/DEBIT CARD AUTHORIZATION

PERSONAL INFORMATION

Name:

Rental Property Address:

City:

State:

ZIP:

Email:

Phone:

BILLING INFORMATION

Name on card:

Credit card type: Visa MasterCard American Express Discover

Credit card number:

Expiration:

Verification code:

Cardholder's billing address:

City:

State:

ZIP:

Initial each
line below:

AGREEMENT

1. By submitting this form, you authorize Entourage Property Management, LLC to use the credit/debit card number above as payment for the credit check in the amount of \$20.00.
2. Should the credit/debit card listed above be declined, I agree to provide Entourage Property Management with an alternative method of payment within two (2) days from the date of decline.

3.

SIGNATURE

Date:

Signature:

Print Name: