

CREDIT/DEBIT CARD AUTHORIZATION		
PERSONAL INFORMATION		
Name:		
Rental Property Address:		
City:	State:	ZIP:
Email:	Phone:	
BILLING INFORMATION		
Name on card:		
Credit card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Credit card number:		
Expiration:		
Verification code:		
Cardholder's billing address:		
City:	State:	ZIP:
AGREEMENT		
<ol style="list-style-type: none"> 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 amount of <u>\$20.00</u> per person. 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. You and/or Entourage Property Management have the right to terminate this agreement at any time, with thirty (30) days advance notice. 		
SIGNATURE		
Date:	Signature:	
Print Name:		