

**CEEBRAID-SIGNAL MANAGEMENT GROUP, LTD.  
CREDIT CARD AUTHORIZATION FORM**

**Application No.:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

The purpose of this form is to give authorization to charge my credit card account as indicated below. I authorize the Ceebraid-Signal leasing consultant: \_\_\_\_\_, to charge my account for monies due to the Landlord of the rental community as follows:

**Name of Apartment Community:** \_\_\_\_\_

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Building	Apt. No.	City	State
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**Total charge:** \$ \_\_\_\_\_

**Breakdown of charge:** Application Fee-\$50.00 per person – Total: \_\_\_\_\_

**Rent:** \$ \_\_\_\_\_ **Prorated Rent:** \$ \_\_\_\_\_

**Security Deposit:** \$ \_\_\_\_\_

**Other information:** \_\_\_\_\_

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**VISA**

**Charge Card #** \_\_\_\_\_

**Credit Card:** \_\_\_\_\_ **Debit Card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**MASTER CARD**

**Charge Card No.** \_\_\_\_\_

**Credit Card:** \_\_\_\_\_ **Debit Card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**DISCOVER**

**Charge Card No.** \_\_\_\_\_

**Credit Card:** \_\_\_\_\_ **Debit Card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_