

CREDIT CARD AUTHORIZATION FORM

CARD HOLDER INFORMATION

Company Name: _____

Name on the Card: _____

Card Holder Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email Address: _____

PAYMENT AUTHORIZATION

Card Type: Visa Master Card

Card Number: _____

Exp. Date: _____

Card Identification Number (CVV2): _____

(Last three digits in the back of the card or 4 digits in the front of the AMEX)

I wish to authorize ERA Reed Realty, Inc to charge the amount of \$ _____

For:

Credit Check

Good Faith Deposit (when buying a home)

Security Deposit

Rent

Other, Please specify: _____

Important Notice: Credit check payments are non-refundable.

Print Name: _____

Signature: _____

Date: _____