

# CREDIT CARD AUTHORIZATION RELEASE FORM

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| --- |
| I hereby authorize COMPANY NAME to charge my credit card as follows (please fill in): |
| $ |  | Holding Deposit **($250 total)** |
| $ |  | Application Fee(s) **(Non-Refundable, $40 per Applicant)** |

|  |  |
| --- | --- |
| Card Type: | \_\_ Visa \_\_ MasterCard \_\_ Discover \_\_ Amex |
| Account Number |  |
| CCV |  | Expiration Date |  |
| Name |  |
| Billing Address |  |
| City, State, Zip  |  |
| Signature |  | Date |  |

Please fax this form to (123) 123-4567. Thank You!