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CREDIT CARD AUTHORIZATION FORM

Fax to 713.426.2221 or email [tmorales@corporatefh.com](mailto:tmorales@corporatefh.com)

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize Corporate Suites (CS) to charge my credit card for the following charges.

                Credit Card Type (please circle): AMERICAN EXPRESS VISA MASTERCARD DINERS CLUB

                Account Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                Exp Date:              \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                Billing Address:

                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                CVV2 code:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Visa/MC last 3 digits on the back of the card.  AMEX 4 digits above the card number on the front of the card.)

Rate of $ per MONTH

                Move in date:

Occupant:

I understand that rent, any deposits, damages and other charges will be charged to my credit card through my actual vacate date.  I also understand that this is a phone/mail order card and no imprint will be necessary to charge my card.  This is my signature on file.

Six day written cancellation notice required with a CS signature or one months rent will be billed to my credit card.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_          Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_