



**ACCOUNTABILITY
MANAGEMENT & REAL ESTATE LLC**

623-889-7455 office

www.gotoapm.com

623-889-7994 fax

****All Tenants must have approval to use credit card to pay rents. All cardholders will be contacted to verify acceptance of charges. You could incur late fees if cardholder is not available to verify acceptance of charges ****

Required Information for Credit Card Transactions:

Client Name _____ **Date** _____

Client Address: _____ **City** _____

Credit Card Type (Please circle one) **VISA** **MASTERCARD**

Card Number _____

Expiration Date _____ **Security Code** _____

Cardholder's Name _____

Cardholder's Billing Address _____

City _____ **State** _____ **Zip Code** _____

Cardholder's Home Phone _____ **Work Phone** _____

Credit Card Authorization & Release

I, _____, hereby authorize Accountability Management & Real Estate to charge my my credit
(Print Cardholder's Name)

card in the amount of \$ _____, using the above information provided, for this one time payment.

Any matching information of this credit card is verification of approval of this charge if any dispute were to arise cardholder agrees to charge and will hold said company free from reconciliation. Additionally,

I understand and authorize a 2% processing fee to be added to the total amount listed above.

2% charge _____ = Total charge \$ _____

Cardholder's Signature _____

OFFICE ONLY

Agent: _____

Please check one:

New Mgmt		Mo. Rent	
App Fee		Deposit	
Receipt		Invoice	