



WITTELL

Specializing in Tenant Screening

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CREDIT CARD AUTHORIZATION FORM

CLIENT'S INFORMATION

NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

CREDIT/DEBIT CARD INFORMATION

TYPE OF CARD (CHECK ONE):

VISA MASTER DISCOVER AMEX OTHER _____

CREDIT CARD # _____ EX _____ / _____

NAME ON CARD _____

BILLING ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____

WHAT SERVICE WILL BE DONE WITH THIS PAYMENT?

PACKAGE # 1

PACKAGE # 2

OTHER _____

AMOUNT TO BE CHARGED _____

BY CHECKING THIS BOX I AUTHORIZE THIS CREDIT CARD TO BE PROCESSED EVERY TIME ANY SERVICE IS REQUESTED WITHOUT FURTHER AUTHORIZATION.

YOU'RE SIGNATURE _____ DATE _____