

Credit Card Form

If you wish to use a credit card, please provide the following information (2% Admin. Fee per transaction.)

Name on Credit card:

Credit card billing address: _____

City _____ State _____ Zip Code _____

Type of Credit Card: Master Card / Visa / AE / Discover

Credit Card Number _____ CID# _____ (3 digits back of card)

Exp date _____

I hereby give permission to charge my credit card for the amounts above. By Signing Below, I agree to all terms and conditions of this agreement.

Total rent amount: \$ _____

Security Deposit: \$ _____

Signature _____ date _____

Print Name: _____ date _____

Mailing address: _____

Please send it :

Fax to 623 324-1512

Email :contrerasivan@aol.com

Mail: PO BOX 2110 Litchfield Park Az 85340