



912 North Linden Street, P.O. Box 670
Bloomington, Illinois 61701
www.apartment-mart.com
Tel: (309) 827-8576 Fax: (309) 827-8578

Credit Card Payment Authorization



Transaction Amount: \$ _____
Transaction Fee Below

Payment Type: _____
(Ex. Lease Payment, Sec. Dep., App. Fee)

Card Number: _____

Card Expiration Date: _____

CVV2 Number: _____
Last three digits on the back of the credit card (four digits on front for AMEX)

Cardholder's Information:

First Name: _____

Last Name: _____

Resident's Information: (if same as cardholder, please disregard)

First Name: _____

Last Name: _____

Billing Information (address where statement is mailed)

Address: _____

City: _____ State: _____

Zip/Postal Code: _____ Signature: _____

E-mail (for receipt): _____

Property Manager Use Only

Property Address: _____ Unit Number: _____

City: _____ State: _____ Zip/Postal Code: _____

Date Processed: _____ Processed By: _____

Fees for credit card reader are \$10 if the amount is below \$500; 3% if the amount is \$500 or more.