



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

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Apartment Mart, Inc. to make a one-time deduction to your credit card listed below.

By signing this form, you give us permission to deduct from your account the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Apartment Mart, Inc. to charge my credit card
(Full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(Rent, move in fee, application fee, etc)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2# (last 3 digits on back of card or 4 digits on front for AMEX) _____

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

SIGNATURE _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.

Property Manager Use Only

Property Address _____

Date Processed _____

Processed By _____