

Debit/Credit Card Authorization Form Incidentals

Date _____

Card Type? _____ (Discover, Diners Club, MasterCard, VISA or American Express)

Is This a Check or Debit Card? Yes _____ No _____

Cardholder's Name	Card Number	Expiration Date	CID Code
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Credit Card Billing Address (REQUIRED): _____ Please Mail Receipts: Yes _____ No _____

Address: _____

Authorized Charges (Initial or Check)	_____ Security Deposits
	_____ Rent
	_____ Late Charges
	_____ Damages
	_____ Utility Costs Over Established Allowances
	_____ Long Distance
	_____ NSF Fees
	_____ Cleaning Fees
	_____ Pet Fees
	_____ Other _____

By signing below, I acknowledge that I am responsible for payment in full for all Authorized Charges (above) and authorize my debit/credit card to be charged accordingly.

By signing below, I warrant that I am legally authorized to enter into this debit/credit card authorization. I agree and understand that in the event this debit/credit card becomes invalid, I will provide AHI with a new valid card for any outstanding balances due AHI.

Signature and Date of the Cardholder or Authorized Purchaser